

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**



<b>DOCUMENT # N41182</b>				<b>1. Entity Name</b>	
GREEK ORGANIZATIONS AGAINST DRUGS, INC.					
<b>Principal Place of Business</b>			<b>Mailing Address</b>		
C/O RICHARD B. GLOVER 2103 CORTEZ ROAD JACKSONVILLE FL 32216			C/O RICHARD B. GLOVER 2103 CORTEZ ROAD JACKSONVILLE FL 32216		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>59-3041213</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
GLOVER, RICHARD B. 2103 CORTEZ ROAD JACKSONVILLE FL 32216				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D GLOVER, RICHARD B. 2103 CORTEZ RD. JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME			NAME	U00000549961 05/13/06-80041-012 61.25	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D MITCHELL, HOWARD M 1239 DOWNER DRIVE CHARLESTON SC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D PEREZ, ARMANDO 8429 LUCRENE DR REYNOLDSBURG OH 43068	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D PIERCE, DAVID 6552 BRADFORD DR. WEST DES MOINES IA 50266	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D EISENHART, GARY 14275 E REED TWP RD 8 ATTICA OH	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Richard B. Glover* 4-28-06 9096410964