

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90056 038 ****61.25

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DOCUMENT # N42589

1. Corporation Name

SADD - STUDENTS AGAINST DRIVING DRUNK, INC.

Principal Place of Business

255 MAIN STREET
MARLBORO MA 01752

Mailing Address

P.O. BOX 800
MARLBORO MA 01752-1102



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/20/1991

4. FEI Number

04-2764514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MAINWOOD, ART
ROOM 414, FLORIDA EDUCATION CENTER
FLORIDA DEPARTMENT OF EDUCATION
TALLAHASSEE FL 32399-0444

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE
NAME **WALLACE, STEPHEN G**
STREET ADDRESS **P.O. BOX 1880, MAIN ST**
CITY-ST-ZIP **BREWSTER MA 02631**

TITLE **D** ☐ DELETE
NAME **SANDLER, RICK**
STREET ADDRESS **419 BOYLSTON STREET**
CITY-ST-ZIP **BOSTON MA**

TITLE **P** ☐ DELETE
NAME **CULLINANE, WILLIAM**
STREET ADDRESS **98 RIVERVIEW DR**
CITY-ST-ZIP **CLEAUAUE MA 02633**

TITLE **D** ☐ DELETE
NAME **SHARON SIKORA**
STREET ADDRESS **5691 WEST ABAHAM LN**
CITY-ST-ZIP **GLENDALE AZ**

TITLE **D** ☐ DELETE
NAME **DANID, MICHAEL**
STREET ADDRESS **929 WEST CORNELL DR**
CITY-ST-ZIP **TEMPE AZ**

TITLE **D** ☐ DELETE
NAME **GIMBEL, MICHAEL**
STREET ADDRESS **9 GREENRIDGE RD**
CITY-ST-ZIP **LUTHERVILLE MD**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Joseph ALVIANI**
5.3 STREET ADDRESS **75 NORTH DRIVE**
5.4 CITY-ST-ZIP **Westboro, MA 01581**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-99

508-481-3568

CR2E037 (1/98)