

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42888** (0)

1. Corporation Name

COCAINE REHABILITATION FOR INFANTS AND BABIES FOUNDATION, INC.

Principal Place of Business

**580 W. EIGHTH STREET
JACKSONVILLE FL 32209**

Mailing Address

**580 W. EIGHTH STREET
JACKSONVILLE FL 32209**



3. Date Incorporated or Qualified
04/09/1991

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3132731

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDWARDS, DREW
580 W. 8TH STREET
JACKSONVILLE FL 32209**

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 ☐ DELETE

NAME **C
EDWARDS, DREW W.
STREET ADDRESS 580 W. 8TH STREET S-510
CITY-ST-ZIP JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **VC
WALLIS, RICHARD
STREET ADDRESS 7500 SOUTHSIDE BLVD.
CITY-ST-ZIP JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **PD
DREWA, MARCUS E.
STREET ADDRESS 580 W. 8TH STREET
CITY-ST-ZIP JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D
MAUNEY, ANN
STREET ADDRESS 8025 BAYMEADOWS CIRCLE, E., #703
CITY-ST-ZIP JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **TD
MAUNEY, STEVEN
STREET ADDRESS 8025 BAYMEADOWS CIRCLE E
CITY-ST-ZIP JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **SD
PLUMMER-BELTRAME, RENEE
STREET ADDRESS 6484 FT CAROLINE RD
CITY-ST-ZIP JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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 ☐ 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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Drew Edwards
Drew Edwards

4/19/96

Date

904/798-8250

Daytime Phone #

CR2E037 (12/95)