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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N45512**

1. Corporation Name
NO-ABUSE, INC.

Principal Place of Business	Mailing Address
1200 E. HILLCREST ST. #103 ORLANDO FL 32803	1200 E. HILLCREST ST. #103 ORLANDO FL 32803

2. Principal Place of Business
21 710 E. Colonial Dr.
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Orl., Fl.
Zip 24 32803 Country 25 USA

2a. Mailing Address
26 710 E. Colonial Dr.
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Orl., Fl.
Zip 29 32803 Country 30 USA

3. Date Incorporated or Qualifed
10/07/1991

4. FEI Number
59-3089562
☐ Applied For
☐ Not Applicable

5. Certifcate 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

BASIL, PAULA
1200 E. HILLCREST ST., #103
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name BASIL, PAULA
82 Street Address (P.O. Box Number is Not Acceptable) 710 E. Colonial Dr. #100
83
84 City Orl. FL 85 Zip Code 32803

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	BASIL, PAULA		1.2 NAME	PAULA BASIL
STREET ADDRESS	1200 E. HILLCREST ST., #103		1.3 STREET ADDRESS	710 E. Colonial Dr. Suite 100
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CITY-ST-ZIP	Orl., Fl. 32803
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME	PASTORCK, JOYCE		2.2 NAME	Joyce PASTORCK
STREET ADDRESS	1200 E. HILLCREST ST., #103		2.3 STREET ADDRESS	710 E. Colonial Dr. Suite 100
CITY-ST-ZIP	ORLANDO FL 32803		2.4 CITY-ST-ZIP	Orl., Fl. 32803
TITLE	TD	☐ DELETE	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	WORDEN, MARICEL		3.2 NAME	Maricel Worden
STREET ADDRESS	1200 E. HILLCREST ST., #103		3.3 STREET ADDRESS	710 E. Colonial Dr. Suite 100
CITY-ST-ZIP	ORLANDO FL 32803		3.4 CITY-ST-ZIP	Orl., Fl. 32803
TITLE	D	☐ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	TIMOTHY TERRY		4.2 NAME	Timothy Terry
STREET ADDRESS	1200 E HILLCREST ST		4.3 STREET ADDRESS	710 E. Colonial Dr. Suite 100
CITY-ST-ZIP	ORLANDO FL 32803		4.4 CITY-ST-ZIP	Orl., Fl. 32803
TITLE	D	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	DRISCALL, ROBERTA DR.		5.2 NAME	Roberta Driscoll
STREET ADDRESS	1200 E. HILLCREST ST., #103		5.3 STREET ADDRESS	710 E. Colonial Dr. Suite 100
CITY-ST-ZIP	ORLANDO FL 32803		5.4 CITY-ST-ZIP	Orl., Fl. 32803
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 #