SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT

1995 8-8-95 B-81621 C

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 PM 2:40

DOCUMENT # N49736 (4)

1. Corporation Name

PALM BEACH COUNTY D.A.R.E. OFFICERS, INC.

Principal Place of Business	Mailing Address
500 GREYNOLDS CIRCLE LANTANA FL 33462 US	P.O. BOX 20091 WEST PALM BEACH FL 33416-0091 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0443195 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CROY, LORI E.
6272 MADRAS CIRCLE
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ 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	1.1 TITLE	PD/TD	☒ Change ☐ Addition
NAME	PRINCIDE, ANTHONY	1.2 NAME	CARSON, KEITH	
STREET ADDRESS	100 E BOYNTON BEACH BLVD	1.3 STREET ADDRESS	500 GREYNOLDS CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	CARSON, KEITH	2.2 NAME	MILLER, JEFFREY	
STREET ADDRESS	500 GREYNOLDS CIRCLE	2.3 STREET ADDRESS	300 W. ATLANTIC AVE.	
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	S	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	STEPHENS, GEORGIA	3.2 NAME	SELFRIDGE, PATTI	
STREET ADDRESS	3228 GUN CLUB ROAD	3.3 STREET ADDRESS	700 6TH ST.	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	LAKE PARK, FL 33403	
TITLE	TD	4.1 TITLE		☒ Change ☐ Addition
NAME	CARSON, KELLY	4.2 NAME	REMOVE	
STREET ADDRESS	100 N.W. BOCA RATON BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE	SAT	5.1 TITLE		☐ Change ☐ Addition
NAME	PRUITT, JOHN	5.2 NAME		
STREET ADDRESS	100 E BOYNTON BEACH BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP		
TITLE	PP	6.1 TITLE		☒ Change ☐ Addition
NAME	SPENCER, JOHN	6.2 NAME	REMOVE	
STREET ADDRESS	10500 N MILITARY TRAIL	6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	6.4 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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.

SIGNATURE: Keith Carson KEITH CARSON 08/02/95 (407)547-4623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011109