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FILED

May 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 20031  
WEST PALM BEACH FL 33416-0031  
US

3. Date Incorporated or Qualified  
07/01/1992

3a. Date of Last Report  
03/26/1996

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

29

30

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME CARSON, KEITH  
STREET ADDRESS 500 GREYNOLDS CIRCLE  
CITY-ST-ZIP LANTANA FL

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME Sherry Madden  
1.3 STREET ADDRESS 345 South County Road  
1.4 CITY-ST-ZIP Palm Beach, FL 33480

TITLE VD ☒ DELETE

NAME MILLER, JEFFREY  
STREET ADDRESS 300 W ATLANTIC AVE  
CITY-ST-ZIP DELRAY BEACH FL

2.1 TITLE V/D ☒ Change ☐ Addition

2.2 NAME Sherre Brown  
2.3 STREET ADDRESS 10500 N. Military Trail  
2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE SD ☒ DELETE

NAME SELFRIDGE, PATTI  
STREET ADDRESS 800 6TH ST  
CITY-ST-ZIP LAKE PARK FL

3.1 TITLE S/D ☒ Change ☐ Addition

3.2 NAME Virginia Lawler  
3.3 STREET ADDRESS 301 South A Street  
3.4 CITY-ST-ZIP Lake Worth, FL 33460

TITLE SAT ☒ DELETE

NAME WESSON, DON  
STREET ADDRESS 600 BANYAN STREET  
CITY-ST-ZIP WEST PALM BEACH FL

4.1 TITLE SAT ☒ Change ☐ Addition

4.2 NAME Gwen Napier  
4.3 STREET ADDRESS 10500 N. Military Trail  
4.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE TD ☐ DELETE

NAME SMITH, DAN  
STREET ADDRESS 100 EAST BOYNTON BEACH BLVD  
CITY-ST-ZIP BOYNTON BEACH FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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 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.

CR2E037 (9/96)