

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50633 (9)

1. Corporation Name

TEENS AGAINST DRUGS AND ALCOHOL, INC.



Principal Place of Business

Mailing Address

1335 BENNETT DR., STE. 163
LONGWOOD FL 32750

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LONGWOOD FL 32750

3. Date Incorporated or Qualified
08/28/1992

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 1052 MONTGOMERY RD.

26 1052 MONTGOMERY RD.

4. FEI Number
59-3173802

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 166

27 166

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 ALTAMONTE SPRINGS, FL.

28 ALTAMONTE SPRINGS, FL.

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 32714

25 SEMINOLE

29 32714

30 SEMINOLE

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

GASPERONI, EMIL A., JR.
SUITE 800
505 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779

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 D ☒ DELETE
NAME PROSEN, LAWRENCE
STREET ADDRESS 170-100 LYMAN RD.
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE D ☐ DELETE
NAME CARLTON, STEVE L
STREET ADDRESS 770 BLADES CT.
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D ☒ DELETE
NAME DELY, ANTHONY
STREET ADDRESS 662 GLADES CIRCLE #210
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition
1.2 NAME DR. MICHEL DOO-KINGUE
1.3 STREET ADDRESS 913 PUMA TR.
1.4 CITY-ST-ZIP WINTER SPRINGS, FL. 32708 ☐ Change ☐ Addition

2.1 TITLE DIRECTOR ☒ Change ☐ Addition
2.2 NAME Michelle MERCULEFF
2.3 STREET ADDRESS 801 CENTURY DR
2.4 CITY-ST-ZIP ORLANDO, FL. 32807 ☐ Change ☐ Addition

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

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

Date

Daytime Phone #

Dr. Michel Doo-Kingue 2/27/96 407 699-0489

CP2E037 (12/95)