

FILE NOW: FILING FEE IS \$61.25

| NONPROFIT CORPORATION ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|--|------------------|--|---------------------|
| DOCUMENT # N 50633 | | | |
| 1. Corporation Name TEENS AGAINST DRUGS AND Alcohol INC. | | | |
| Principal Place of Business 1372 Bennett Dr Ste. 156 LONGWOOD, FLA. 32750 | | Mailing Address SAME | |
| 2. Principal Place of Business 21 SAME Suite, Apt. #, etc. 22 City & State 23 Zip Country | | 2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip Country | |
| 9. Name and Address of Current Registered Agent Gasperoni, EMIL A., JR. SUITE 800 505 WICKHAM SPR. RD LONGWOOD, FLA. 32779 | | | |
| 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 EMIL GASPERONI <small>Signature typed or printed name of registered agent and title if applicable</small> | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| DIRECTOR | LEONARD WOODRUFF | 164 MADISON ST. | LONGWOOD, FL. 32779 |
| DIRECTOR | JOY TOWLES | 328 HWY 19 | SALEM, FLA. 32356 |
| DIRECTOR | DANNY VERGEN | 101 HUGHES AVE | ORLANDO, FLA. 32801 |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |

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|---|-----------------------------------|
| 3. Date Incorporated or Qualified 8/28/92 | Applied For Not Applicable |
| 4. FEI Number 59-3173802 | \$8.75 Additional Fee Required |
| 5. Certificate of Status Desired X | \$5.00 May Be Added to Fees |
| 6. Election Campaign Financing Trust Fund Contribution | |
| 10. Name and Address of New Registered Agent | |

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| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 84. City | |

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: **Leonard Woodruff**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-11-99**
Daytime Phone: **907-831-9007**

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