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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N50633

1. Entity Name
TEENS AGAINST DRUGS AND ALCOHOL, INC.

Principal Place of Business	Mailing Address
3208-C E. COLONIAL DR. STE. 349 ORLANDO, FL 32803 US	3208-C E. COLONIAL DR. STE. 349 ORLANDO, FL 32803 US

DO NOT WRITE IN THIS SPACE

01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3173802

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GASPERONI, EMIL A., JR.
SUITE 600
505 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	MD
NAME	PAPAGEORGIOU, GEORGE
STREET ADDRESS	4894 CASON COVE DR.
CITY-ST-ZIP	ORLANDO, FL 32826
TITLE	D
NAME	LAPOINTE, DANIEL
STREET ADDRESS	710 E CENTRAL BLVD
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerry DeFazio 03-06-08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date

KS