

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N50786

1. Entity Name  
 DRUG-FREE YOUTH INCENTIVES OF NORTHEAST FLORIDA, INC.



Principal Place of Business  
 330 EAST BAY STREET, 5TH FLOOR  
 JACKSONVILLE, FL 32202

Mailing Address  
 330 EAST BAY STREET, 5TH FLOOR  
 JACKSONVILLE, FL 32202



01182004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3145655 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**METTE, RICHARD**  
 330 EAST BAY STREET, #501  
 JACKSONVILLE, FL 32202

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

U00000153148  
 05/04/04-80116-010 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COBB, KATHY
STREET ADDRESS	3750 JOHN PROM BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	METTE, RICHARD
STREET ADDRESS	330 EAST BAY STREET, #501
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	BOWLES, KATHY
STREET ADDRESS	1701 PRUDENTIAL DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
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 exemption stated in Section 119.07(3)(f), 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

Daytime Phone #