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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:44

DOCUMENT # N93000003316 (7)

1. Corporation Name

T3CD TOGETHER TARPON TERMINATES CHEMICAL DEPENDE
NCY, INC.

Principal Place of Business

Mailing Address

19321 US 19 NORTH
SUITE 415
CLEARWATER FL 34624

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SUITE 415
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/19/1993

3a. Date of Last Report
05/01/1994

4. FET Number
NOT APPLICABLE

Applied For
Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VINSON, WILLIAM L
110 S. LEVIS AVE.
TARPON SPRINGS FL

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	PYROS, ELLEN	P.O. BOX 5004 N/A	TARPON SPRINGS FL 34688
D	ARCHIE, DAVID	512 MARTIN LUTHER KING, JR. DR.	TARPON SPRINGS FL 34689
D	NELSON, CLAUDIA	1310 COPPERTREE DR.	TARPON SPRINGS FL 34689
D	LEHR, PETE	40952 US HWY 19	TARPON SPRINGS FL 34689
D	BAIRD, MELISSA	1527 RIVERSIDE DR.	TARPON SPRINGS FL 34689
D	WYCOFF, MARY A	787 CHESAPEAKE DR.	TARPON SPRINGS FL 34689

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D	Ivette Morales	1403 Coppertree Drive	Tarpon Springs, FL 34689	☒	☐
D	William E. Brewer	1121 East Gulf Road	Tarpon Springs, FL 34689	☒	☐
D	Winnie Toal	39820 US Hwy. 19 N. Lot 1	Tarpon Springs, FL 34689	☒	☐
D	Frances M. Behan	1418 Cromwell Drive	Tarpon Springs, FL 34689	☐	☐

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(2)(b), 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:

Ivette Morales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/95

937-4211 1-256