

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 04 1997 8:00am  
Secretary of State

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

19321 US 19 NORTH  
SUITE 415  
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/19/1993

3a. Date of Last Report  
02/26/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1310 Coppertree Drive

Suite, Apt. #, etc.

22

City & State

23 Tarpon Srpsngs, FL

Zip

24 34689

Country

25 USA

2a. Mailing Address

26 1310 Coppertree Drive

Suite, Apt. #, etc.

27

City & State

28 Tarpon Springs, FL

Zip

29 34689

Country

30 USA

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 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  
STREET ADDRESS  
CITY-ST-ZIP  
MORALES, METTE  
1403 COPPERTREE DR  
TARPON SPRINGS FL

TITLE D ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BREWER, WILLIAM E.  
1121 EAST GULE ROAD  
TARPON SPRINGS FL

TITLE D ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TOAL, WINNIE  
30820 US HWY 19 NORTH LOT 1  
TARPON SPRINGS FL

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BEHAN, FRANCES M.  
1418 CROMWELL DRIVE  
TARPON SPRINGS FL

TITLE D ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BAIRD, MELISSA  
1527 RIVERSIDE DR.  
TARPON SPRINGS FL 34689

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME Alvarado, Ivette Morales

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

8000022864 18  
-09/08/97--01002--006  
\*\*\*61.25

14. I do 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.

SIGNATURE SIGNATURE REQUIRED

781-4810  
942-3911  
7/10/03

CR2E037 (4/97)