

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000002501 (4)

1. Corporation Name

SAFETY HARBOR ALCOHOL AND DRUG OBJECTORS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 142
SAFETY HARBOR FL 34695

P.O. BOX 142
SAFETY HARBOR FL 34695-0142

3. Date Incorporated or Qualified
05/17/1994

3a. Date of Last Report
03/01/1996

2. Principal Place of Business

2a. Mailing Address

21 935 Main St.

26 935 Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite C-4

27 Suite C-4

City & State

City & State

23 Safety Harbor, FL

28 Safety Harbor, FL

Zip

Zip

24 34695

29 34695

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURGESS, GLENN
9321 U.S. 19 NORTH
SAFETY HARBOR FL 34695

81 Name Glenn Burgess

82 Street Address (P.O. Box Number is Not Acceptable)

701 Booth Street

83

84

Safety Harbor

FL

85 Zip Code 34695

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 Glenn Burgess

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME BURGESS, GLENN
STREET ADDRESS 701 BOOTH ST.
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE D ☒ DELETE

NAME MCCOY, SHARON
STREET ADDRESS 20 HARBOR LAKE CIRCLE
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE D ☐ DELETE

NAME LANE, CATHY
STREET ADDRESS 675 11TH PLACE NORTH
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

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

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

1-15-97 34695

CR2E037 (9/96)