

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000005194 (4)

1. Corporation Name

TOGETHER EDUCATING ADOLESCENT MOTORISTS, INC.



Principal Place of Business

Mailing Address

780 DELTONA BLVD., STE. 201  
DELTONA FL 32725

780-DELTONA BLVD., STE. 201 P.O. Box 587  
DELTONA FL 32725 DELAND FL 32721-0587

3. Date Incorporated or Qualified  
10/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 780 DELTONA BLVD.

26 PO Box 587

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE. 201

27

City & State

City & State

23 DELTONA FL

28 DELAND FL

Zip

Country

Zip

Country

24 32725

25 U.S.A.

29 0587

30 U.S.A.

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABELES, DAVID E  
5 WEST HIGHBANKS RD.  
DEBARY FL 32713

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME ZEIDWIG, DAVID Diane  
STREET ADDRESS 2132 PENNSYLVANIA DR.  
CITY-ST-ZIP DELAND FL 32724

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Diane Zeidwig  
1.3 STREET ADDRESS 2132 Pennsylvania Dr.  
1.4 CITY-ST-ZIP DELAND FL 32724

TITLE VD ☐ DELETE  
NAME ACCARDI, J. ROGER  
STREET ADDRESS 40 JASMINE DR.  
CITY-ST-ZIP DEBARY FL 32713

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME RIGSBY, VICKI  
STREET ADDRESS 220 UNIVERSITY AVE.  
CITY-ST-ZIP DELAND FL 32724

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE  
NAME WEST, PAT Grein Marlee  
STREET ADDRESS 700 SWARTHMORE DR.  
CITY-ST-ZIP DELAND FL 32724

4.1 TITLE TD ☒ Change ☐ Addition  
4.2 NAME Marlee Grein  
4.3 STREET ADDRESS 30 NARAJA Rd.  
4.4 CITY-ST-ZIP DEBARY FL 32713

TITLE D ☐ DELETE  
NAME MCDERMITT, WILFORD  
STREET ADDRESS 780 DELTONA BLVD., STE. 201  
CITY-ST-ZIP DELTONA FL 32725

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vicki Rigby Vicki Rigby 2-1-1996 904-736-4757

CR2E037 (12/95)