SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N96000002486**
1. Corporation Name

CHILDREN DESERVE DRUG FREE AMERICA, INC.

Principal Place of Business	Mailing Address
269 COUNTRY CLUB DR SHALIMAR FL 32579	269 COUNTRY CLUB DR SHALIMAR FL 32579

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed **05/09/1996**	
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number **59-3378319**	Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
PERRI, DANIEL C 5 CLIFFORD DRIVE, SUITE 12 SHALIMAR FL 32579	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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **REIKER, KENNETH H**	1.2 NAME	
STREET ADDRESS **269 COUNTRY CLUB DR.**	1.3 STREET ADDRESS	
CITY-ST-ZIP **SHALIMAR FL**	1.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **REIKER, TAN L**	2.2 NAME	
STREET ADDRESS **269 COUNTRY CLUB DRIVE**	2.3 STREET ADDRESS	
CITY-ST-ZIP **SHALIMAR FL 32579**	2.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **REIKER, ANN**	3.2 NAME	
STREET ADDRESS **269 COUNTRY CLUB DRIVE**	3.3 STREET ADDRESS	
CITY-ST-ZIP **SHALIMAR FL**	3.4 CITY-ST-ZIP	
TITLE ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____   7/26/99   (850) 609-0141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (5/99)