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FILED

Mar 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N96000005780 (9)**

1. Corporation Name

**TEENS AGAINST DRUGS AND ALCOHOL OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business

**1900 HONDA DRIVE, UNIT 4  
FT MYERS FL 33907**

Mailing Address

**1900 HONDA DRIVE, UNIT 4  
FT MYERS FL 33907-2126**3. Date Incorporated or Qualified  
**11/07/1996**

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

4. FEI Number

**65-0083443**

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 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

**FISHER, LEIGH M  
1505 SE 40TH ST  
CAPE CORAL FL 33910**

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 ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
NARDONE, JOHN  
1240 SW 3RD AVE  
CAPE CORAL FL 33991**1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
NARDONE, JOSEPHINE P  
1240 SW 3RD AVE  
CAPE CORAL FL 33991**2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
**VP  
Nardone, Stephen J.  
102 SW 15th Terrace  
Cape Coral, FL 33991**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
NARDONE, STEPHEN J  
102 SW 15TH TERRACE  
CAPE CORAL FL 33991**3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
**SD  
Nardone, Josephine P  
1240 SW 3rd Ave  
Cape Coral, FL 33991**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97

941-772-7335

Date

Daytime Phone # 0055454

CR2E037 (9/96)