

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:09

DOCUMENT # **N42589 (4)**
1. Corporation Name
SADD - STUDENTS AGAINST DRIVING DRUNK, INC.

Principal Place of Business Mailing Address
255 MAIN STREET MARLBORO MA 01752 **P.O. BOX 800 MARLBORO MA 01752-1102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/20/1991** 3a. Date of Last Report **03/08/1994**
4. FEI Number **04-2764514** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S: 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MAINWOOD, ART
ROOM 414, FLORIDA EDUCATION CENTER
FLORIDA DEPARTMENT OF EDUCATION
TALLAHASSEE FL 32399-0444**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD **MCBRIDE, DONNA**
1121 E. MISSOURI AVE, STE. 128
PHOENIX AZ 85016
D **COHEN, ALLAN Y**
7101 WISCONSIN AVE.
BETHESDA MD 20814
D **PETERS, WALTER**
711 WOPPER AVE.
TOMS RIVER NJ 08753
D **CULLINANE, WILLIAM**
6 OVERLOOK DR.
FRAMINGHAM MA 01701
D **SMITH, WILLIAM T HON.**
P.O. BOX 452 N/A
BIG FLTS NY 14814
D **THOMAS, PRICE J**
60 STATE STREET
BOSTON MA 02109

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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 **CLERK**
4.3 STREET ADDRESS **Stephanie Wenzel**
600 S.E. 31st Ave
4.4 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**
5.1 TITLE Change Addition
5.2 NAME **SECRETARY**
5.3 STREET ADDRESS **SHARON SIKOLA**
3691 West Abraham Ln
5.4 CITY-ST-ZIP **GLENDALE AZ 85308**
6.1 TITLE Change Addition
6.2 NAME **DIRECTOR**
6.3 STREET ADDRESS **CLAUDE TWO ELK**
P.O. BOX 257NA
6.4 CITY-ST-ZIP **ROSELAND S.D. 82570**

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 110.07(3)(A), 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 017, Florida Statutes; and that my name appears in block 12 or block 13 unchanged, or on an attachment with an address.

SIGNATURE: *William F. Cullinane* Executive Director 2/17/95 308-451-3568
Signature and typed or printed name of signing officer or director Date Office Phone #
WILLIAM F. CULLINANE