


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90026 018 ****61.25

DOCUMENT # N42589

1. Entity Name
SADD - STUDENTS AGAINST DRIVING DRUNK, INC.



Principal Place of Business
**255 MAIN STREET
 MARLBORO, MA 01752**

Mailing Address
**P.O. BOX 800
 MARLBORO, MA 01752-1102**

24006033



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

01192004 Chg-NP CR2E037 (10/03)

City & State Zip Country

4. FEI Number **04-2764514** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MIOT, DANIELLE
 444 APPELYARD DRIVE
 TALLAHASSEE, FL 32-304**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | |
|---------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WELLS, PENELOPE 225 MAIN ST. MARLBOROUGH, MA 01752 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANDLER, RICK 419 BOYLSTON STREET BOSTON, MA <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHARON SIKORA 5691 WEST ABAHAM LN GLENDALE, AZ <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALVIANO, JOSEPH 75 NORTH DRIVE WESTSORO, MA 01581 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GIMBEL, MICHAEL 9 GREENRIDGE RD LUTHERVILLE, MD <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LAZSON, GLORIA ONE POST OFFICE SQ BOSTON, MA 02109 <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|---------------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

"SEE ATTACHED"

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Penelope Wells* Penelope Wells 1/27/04 (508) 481-3568
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

2406033
#N42589

SADD, Inc.
Officers & Directors
6-30-03

| Title | Name Address | Phone No. |
|-----------|---|----------------|
| President | Penelope Wells 255 Main Street Marlborough, MA 01752 | (508) 481-3568 |
| Treasurer | Joseph Alviani 53 Hillside Avenue West Newton, MA 02465 | (617) 965-0715 |
| Clerk | Gloria Cordes Larson 155 Seaport Boulevard Boston, MA 02210 | (617) 832-1280 |
| Chairman | Stephen Wallace The Pilot House Boston, MA 02110 | (617) 854-3780 |
| Director | Ken Dec 335 Middleton Road Boxford, MA 01921 | (978) 887-0094 |
| Director | Ovidio Bermudez 436 Medical Center South Nashville, TN 37232 | (615) 936-0252 |
| Director | Joseph Maddox 115 Coveridge Lane Longwood, FL 32779 | (407) 774-992 |
| Director | Sharon Sikora 5691 W. Abraham Lane Glendale, AZ 85308 | (623) 561-6175 |
| Director | Linda Peterson Warren 9021 North 48yj Place Paradise Valley, AZ 85253 | (800) 523-6695 |
| Director | Molly Kay Linn 28190 Cal Carson Road Franklin, IN 46031 | (317) 738-8430 |
| Director | Mary McLaughlin 344 Raleigh Tavern Lane North Andover, MA 01845 | (978) 239-7164 |
| Director | Jim Noffsinger 401 N. Plum Street Union City, IN 47390 | (765) 964-4683 |
| Director | Carol Rose 120 State Street Montpelier, VT 05620 | (802) 828-3851 |