

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42589

FILED
Jan 13, 2014
Secretary of State
CC0472218650

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

Current Principal Place of Business:

255 MAIN STREET
MARLBORO, MA 01752

Current Mailing Address:

255 MAIN STREET
MARLBORO, MA 01752

FEI Number: 04-2764514

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DANIELLE, BRANCIFORTE
75 COLLEGE DRIVE, DT 111
HAVANA, FL 32333 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WELLS, PENELOPE
Address 225 MAIN ST.
City-State-Zip: MARLBOROUGH MA 01752

Title T
Name SCAROLA, SUSAN
Address 27 S GREENWOOD, UNIT 2077
City-State-Zip: ATHENS NY 12015

Title S
Name CHAMPAGNE, JAMES
Address 23869 ROSEMONT AVE
City-State-Zip: DENHAM SPRINGS LA 70726

Title D
Name MAUCH, DANNA
Address 55 WHEELER ST
City-State-Zip: CAMBRIDGE MA 02138

Title D
Name BERMUDEZ, OVIDIO
Address 942 ROSLYN ST
City-State-Zip: DENVER CO 80230

Title DIRECTOR
Name BLOCK, ROBYN
Address PO BOX 387
City-State-Zip: CISNE IL 62823

Title OFFICER
Name TORREZ ANDERSON, MARIA
Address 5942 SW 29TH ST
City-State-Zip: TOPEKA KS 66614

Title OFFICER
Name BAILIN, LARRY
Address 1800 HIGHWAY 34 NORTH, BUILDING 3
City-State-Zip: WALL NJ 07719

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PENELOPE WELLS

PRESIDENT & CEO

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name HOIDAL, MATTHEW
Address 35 ACADIA ROAD
City-State-Zip: CASCO ME 04015

Title OFFICER
Name SIKORA, SHARON
Address 5691 W. ABRAHAM LANE
City-State-Zip: GLENDALE AZ 85308

Title OFFICER
Name HOOPER, PETER
Address 36 LANDS END LN
City-State-Zip: NAPLES ME 04055

Title OFFICER
Name SUDDERS, MARYLOU
Address BOSTON COLLEGE GRADUATE
SCHOOL OF SOCIAL WORK
140 COMMONWEALTH AVENUE
City-State-Zip: CHESTNUT HILL MA 02467