

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N22640 (9)

1. Corporation Name

COMMUNITY CRUSADE AGAINST DRUGS OF SOUTH FLORIDA
, INC.

Principal Place of Business

11380 NW 27TH AVE #1389
MIAMI FL 33167

Mailing Address

11380 NW 27TH AVE #1389
MIAMI FL 33167



3. Date Incorporated or Qualified

09/23/1987

3a. Date of Last Report

05/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0004103

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

BACKERS, TYRONE K.
2220 N.W. 189TH TERR
MIAMI FL 33056

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	KELLY, J. TERENCE DR.	11380 NW 27TH AVE	MIAMI FL	<input type="checkbox"/>
ED	BACKERS, TYRONE K.	2220 N.W. 189TH TERR	MIAMI FL	<input type="checkbox"/>
VP	BURKE, JIMMY R	1691 N W 189TH TERRACE	MIAMI FL	<input type="checkbox"/>
T	BARR, ADRIAN E	2269 N.W. 199TH ST.,	MIAMI FL	<input checked="" type="checkbox"/>
S	WINGARD, GLENDA	9105 N W 25TH STREET	MIAMI FL	<input checked="" type="checkbox"/>
D	PADREDA, CAMILO	1424 FLAGLER STREET	MIAMI FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td>	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 119.07(3)(k), 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: *Tyrone K. Backers, Sr. Dir.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-96

Date

305.237-1134

Daytime Phone #

CR2E037 (12/95)