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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22640 (9)

1. Corporation Name

COMMUNITY CRUSADE AGAINST DRUGS OF SOUTH FLORIDA
, INC.

Principal Place of Business

Mailing Address

11380 NW 27TH AVE #1381
ROOM #1381
MIAMI FL 33167
US11380 NW 27TH AVE #1381
ROOM #1381
MIAMI FL 33167-3418
US3. Date Incorporated or Qualified
09/23/19873a. Date of Last Report
05/17/19964. FEI Number
65-0004103Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME KELLY, J. TERENCE DR.
STREET ADDRESS 11380 NW 27TH AVE
CITY-ST-ZIP MIAMI FL ☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ED
NAME BACKERS, TYRONE K.
STREET ADDRESS 2220 N.W. 189TH TERR
CITY-ST-ZIP MIAMI FL ☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VP
NAME BURKE, JIMMY R
STREET ADDRESS 1691 N W 189TH TERRACE
CITY-ST-ZIP MIAMI FL ☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE T
NAME HOLIDAY, CHARLES E
STREET ADDRESS 8675 N.W. 53RD STREET, SUITE 201
CITY-ST-ZIP MIAMI FL ☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE S
NAME COOPER, KENNETH S
STREET ADDRESS 2201 N.W. 207TH STREET
CITY-ST-ZIP MIAMI FL ☒ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME PADREDA, CAMILO
STREET ADDRESS 1424 WEST FLAGLER STREET
CITY-ST-ZIP MIAMI FL ☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Tyrone K. Backers, Inc.

2/27/97

305-237-1634

CR2E037 (9/96)