

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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

11300 N.W. 27TH AVE
ROOM #1381
MIAMI FL 33167
US

11380 NW 27TH AVE #1389
ROOM #1381
MIAMI FL 33167
US

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

3. Date Incorporated or Qualified

09/23/1987

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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	P	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, J. TERENCE DR.	
STREET ADDRESS	11380 NW 27TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	EO	<input type="checkbox"/> DELETE
NAME	BACKERS, TYRONE K.	
STREET ADDRESS	2220 N.W. 189TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, JIMMY R	
STREET ADDRESS	1691 N W 189TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HOLIDAY, CHARLES E	
STREET ADDRESS	8675 N.W. 53RD STREET, SUITE 201	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, KENNETH S	
STREET ADDRESS	2201 N.W. 207TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PADREDA, CAMILO	
STREET ADDRESS	1424 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gloria J. Thomas	
1.3 STREET ADDRESS	11025 S.W. 84th Street	
1.4 CITY-ST-ZIP	Miami, FL 33173	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Knowles, Gordon Eric	
3.3 STREET ADDRESS	2269 N.W. 199th Street	
3.4 CITY-ST-ZIP	Miami, FL 33056	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Giorgi, Elmo	
4.3 STREET ADDRESS	10471 N. Kendall Drive, #13101-43	
4.4 CITY-ST-ZIP	Miami, FL 33178	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Anderson, Cao Van	
6.3 STREET ADDRESS	9301 Ashley Drive	
6.4 CITY-ST-ZIP	Miami, FL 33025-3885	

14. 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 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, 24 Dec 02-16-98 3052371634*

CR2E037 (10/97)