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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N22640

1. Corporation Name

COMMUNITY CRUSADE AGAINST DRUGS OF SOUTH FLORIDA, INC.

Principal Place of Business

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

Mailing Address

11380 NW 27TH AVE #1385  
ROOM #1381  
MIAMI FL 33167  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.  
Room # 3240  
22 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.  
Room # 3240  
27 City & State

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

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

*Tyrone K. Backers* 1/13/99

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  
NAME THOMAS, GLORIA J  
STREET ADDRESS 1025 SW 84TH ST  
CITY-ST-ZIP MIAMI FL 33173  
 DELETE

TITLE ED  
NAME BACKERS, TYRONE K.  
STREET ADDRESS 2220 N.W. 189TH TERR  
CITY-ST-ZIP MIAMI FL 33056  
 DELETE

TITLE VP  
NAME KNOWLES, GORDON ERIC  
STREET ADDRESS 2269 NW 199TH ST  
CITY-ST-ZIP MIAMI FL 33056  
 DELETE

TITLE T  
NAME GIORGI, ELMO  
STREET ADDRESS 10471 N KENDALL DR, APT B101-43  
CITY-ST-ZIP MIAMI FL 33178  
 DELETE

TITLE D  
NAME ANDERSON, CARLTON  
STREET ADDRESS 9301 ASHLEY DR  
CITY-ST-ZIP MIRAMAR FL 33025  
 DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME 11025 S.W. 84TH ST  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP - - 33056

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Tyrone K. Backers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

Date

Daytime Phone #

CR2E037 (1/198)