

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 03, 2000 8:00 am
Secretary of State

03-04-2000 90099 036 ****61.25

DOCUMENT # N22640

1. Entity Name

COMMUNITY CRUSADE AGAINST DRUGS OF SOUTH FLORIDA

Principal Place of Business

11380
 11380 N.W. 27TH AVE
 ROOM #3240
 MIAMI FL 33167
 US

Mailing Address

11380 NW 27TH AVE ~~_____~~ (delete)
 ROOM #3240
 MIAMI FL 33167-3418
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0004103

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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: Tyrone K Backers, Tyrone K Backers - Executive Director 01/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, GLORIA J	
STREET ADDRESS	11025 S.W. 84TH STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	ED	<input type="checkbox"/> Delete
NAME	BACKERS, TYRONE K.	
STREET ADDRESS	2220 N.W. 189TH TERR	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KNOWLES, GORDON ERIC	
STREET ADDRESS	2269 NW 199TH ST	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	T.	<input type="checkbox"/> Delete
NAME	GIORGI, ELMO	
STREET ADDRESS	10477 N KENDALL DR, APT B101-49	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, CARLTON	
STREET ADDRESS	9301 ASHLEY DR	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, WILLIAM H.	
STREET ADDRESS	20940 SAN SIMEON WAY, #702	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, REV. DR. DENNIS	
STREET ADDRESS	P.O. BOX 69-4224	
CITY-ST-ZIP	MIAMI, FL 33269	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8035 S.W. 107TH AVENUE, #114	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINKSTON, DR. MARTY	
STREET ADDRESS	15800 N.W. 42ND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tyrone K Backers Executive Director 01/20/00 3052371634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #