

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90009 026 ****61.25

DOCUMENT # N22640
 1. Entity Name
COMMUNITY CRUSADE AGAINST DRUGS OF SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address
 11380 N.W. 27TH AVE ROOM #3240 MIAMI FL 33167 US
 11380 NW 27TH AVE #4989 ROOM # 3240 MIAMI FL 33167 US



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number **65-0004103** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MILLER, RICHARD E
 11380 NW 27TH AVE, ROOM 3240
 MIAMI FL 33167

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, RICHARD E	
STREET ADDRESS	18735 NE 18TH AVE.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	T	<input type="checkbox"/> Delete
NAME	LINDGREN, KEITH	
STREET ADDRESS	104 NE 183RD ST.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	OM	<input type="checkbox"/> Delete
NAME	ASHLEY, CHERICKA	
STREET ADDRESS	1138 NW 27TH AVE #3240	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	ED	<input type="checkbox"/> Delete
NAME	RIDLEY, CHARLES	
STREET ADDRESS	11380 NW 27TH AVE 3240	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 lines empowered.

SIGNATURE: **Charles Ridley** **4/28/08 (305)-237-1634**