

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22640

FILED
Mar 25, 2009
Secretary of State

Entity Name: COMMUNITY CRUSADE AGAINST DRUGS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

11380 NW 27TH AVE #1389
ROOM # 3240
MIAMI, FL 33167 US

New Mailing Address:

FEI Number: 65-0004103 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MILLER, RICHARD E
11380 NW 27TH AVE, ROOM 3240
MIAMI, FL 33167 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, RICHARD E
Address: 18735 NE 18TH AVE.
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: T () Delete
Name: LINDGREN, KEITH
Address: 104 NE 183RD ST.
City-St-Zip: MIAMI, FL 33179

Title: OM () Delete
Name: ASHLEY, CHERICKA
Address: 1138 NW 27TH AVE #3240
City-St-Zip: MIAMI, FL 33167

Title: ED () Delete
Name: RIDLEY, CHARLES
Address: 11380 NW 27TH AVE 3240
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES RIDLEY

ED

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date