

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:34

DOCUMENT # N93000005099 (7)

1. Corporation Name

FAMILIES AGAINST DRUGS AND ABUSE, INCORPORATED

Principal Place of Business

Mailing Address

5434 W SAMPLE RD
STE 241
POMPANO BEACH FL 33073-3453

5434 W SAMPLE RD
STE 241
POMPANO BEACH FL 33073-3453

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1993

3a. Date of Last Report

02/03/1994

4. FEI Number

65-0445683

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THURMAN, MARK C
5434 W SAMPLE RD
STE 241
POMPANO BEACH FL 33073-3453

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Mark C. Thurman Executive Director

3-16-95

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	DCP
NAME	THURMAN, MARK C
STREET ADDRESS	1951 LYONS RD #201
CITY- ST- ZIP	COCONUT CREEK FL
TITLE	DT
NAME	FINE, WILLIAM B
STREET ADDRESS	1951 LYONS RD #201
CITY- ST- ZIP	COCONUT CREEK FL
TITLE	D
NAME	PELLEGRINI, JOHN
STREET ADDRESS	4392 N. PINE ISLAND RD.
CITY- ST- ZIP	LAUDERHILL FL 33351
TITLE	D
NAME	HALE, ROBERT V
STREET ADDRESS	112 STATE ST.
CITY- ST- ZIP	LEXINGTON KY 40503
TITLE	VST
NAME	DRECHSEL, ERIC J
STREET ADDRESS	4300 RIVERSIDE DR. #3
CITY- ST- ZIP	CORAL SPRINGS FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
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	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Mark C. Thurman Executive Director

3-16-95

305 978-0896

Signature and typed or printed name of signing officer or director

Date

Telephone #