FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 29 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: 11/05/1993
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business
21 10343 Royal Palm Blvd
Suite, Apt. #, etc.
22 410
City & State
23 Coral Springs Fl
Zip 24 33065 Country 25 Broward

2a. Mailing Address
26 10343 Royal Palm Blvd
Suite, Apt. #, etc
27 410
City & State
28 Coral Springs Fl
Zip 29 33065 Country 30 Broward

4. FEI Number: 65-0445683 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: MARK C THURMAN
82 Street Address (P.O. Box Number is Not Acceptable): 10343 Royal Palm Blvd
83 Suite 410
84 City: Coral Spring FL 85 Zip Code: 33065

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: Mark C Thurman — 2/26/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THURMAN, MARK C		1.2 NAME	
STREET ADDRESS	1951 LYONS RD #201		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FINE, WILLIAM B		2.2 NAME	
STREET ADDRESS	1951 LYONS RD #201		2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL		2.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	~~PELLEGRINI, JOHN~~		3.2 NAME	
STREET ADDRESS	~~4392 N. PINE ISLAND RD.~~		3.3 STREET ADDRESS	
CITY-ST-ZIP	~~LAUDERHILL FL 33351~~		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HALE, ROBERT V		4.2 NAME	
STREET ADDRESS	112 STATE ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40503		4.4 CITY-ST-ZIP	
TITLE	VST	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DRECHSEL, ERIC J		5.2 NAME	
STREET ADDRESS	4300 RIVERSIDE DR. #3		5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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)(k), 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 — 2/26/96 — 954 730 2098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #