

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000005367

Entity Name: INTERNATIONAL CONSORTIUM OF UNIVERSITIES FOR DRUG DEMAND REDUCTION, INC.**FILED**
Feb 20, 2019
Secretary of State
3346308564CC**Current Principal Place of Business:**2115 11TH ST. W.
BILLINGS, MT 59102**Current Mailing Address:**2115 11TH ST. W.
BILLINGS, MT 59102**FEI Number: 82-4727734****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JOHNSON, KIM
9419 HUNTERS POINT DR.
TAMPA FL 33647 US*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**Officer/Director Detail :**

Title	PCD	Title	VPVCD
Name	MIOVSKY, MICHAL	Name	PETERS, ROGER H
Address	CHARLES UNIVERSITY OVOCNY TRH 5	Address	USF, MENTAL HEALTH LAW AND POLICY DEPT. 13301 BRUCE B DOWNS
City-State-Zip:	PRAGUE 1 116 36	City-State-Zip:	TAMPA FL 33612
Title	VPD	Title	STD
Name	KOUTSENOK, IGOR	Name	HEAPS, MELODY
Address	UNIVERSITY OF CALIFORNIA SAN DIEGO DEPT OF PSYCHIATRY 9500 GILMAN DR.	Address	TASC, 700 S. CLINTON ST.
City-State-Zip:	LA JOLLA CA 92093-0737	City-State-Zip:	CHICAGO IL 60607
Title	EXECUTIVE DIRECTOR		
Name	JOHNSON, KIMBERLY ANN		
Address	9419 HUNTERS POND DR		
City-State-Zip:	TAMPA FL 33647		

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY JOHNSON**EXECUTIVE DIRECTOR****02/20/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date