FILED

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SCURLIARY OF STATE TALLAHASSEE, FLORIDA

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000000532

1. Entity Name

MEN AGAINST DESTRUCTION - DEFENDING AGAINST DRUGS AND SOCIAL DISORDER-STATE OF FLORIDA,

Principal Place of Business

Mailing Address

SUITE 600 SU OCALA, FL 34475 OC		108 N. MAGNOLIA SUITE 600 OCALA, FL 34475	CALA, FL 34475							
		Suite, Apt. #, etc.	Suite, Apt. #, etc.			03302005 REIN-NP CR2E099 (6/04)				
City & State	е	City & State	ity & State			4. FEI Number Applied For Not Applied For				
Zip Country Zi		Zip	ip Country		Certificate of Status Desired \$8.75 Additional Fee Required			itional		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
BOWERS, THOMAS K 1423 S. GADSDEN STREET TALLAHASSEE, FL 32301			Street Address (P.O. Bo		ddress (P.O. Box Number is	Box Number is Not Acceptable)				
			City				FL	Zip Code	•	
	named entity submits this statement for ions of registered agent. Signature, typic or printed name of registered agent a	an			registered agent, or both, it	n the State of Florid	a. I am fam	liar with, a	and accept	
FILE NOW!!! FEE IS \$122.50				s: 607.15 receive t	03(2)(b); F.S., the ne prior notice.	Make check payable to Totice Florida Department of State				
10.	OFFICERS AND DIRECTORS 11			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HADLEY, PATRICK III 4521 SW 44TH LANE				Thomas K. 8 1423 S. Gad: Tallahassee	bowers sden st.	_	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RIDLEY, CHUCK 141 SW 12TH AVENUE DELRAY BEACH, FL 33444	☐ Delete	Delete TITLI NAM STRE CITY					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ISAAC 251 EAST HARRISON STREET TALLAHASSEE, FL 32301	☐ Delete			00 04/08/	00502 0501006-		Change □□ * *131.	□ Addition . 25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAINWRIGHT, MARGO 1776 E. CENTURY BLVD. LOS ANGELES, CA 90002	☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, RANDY 251 E. HARRISON STREET TALLAHASSEE, FL 32301	☐ Delete ,						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADLEY, PATRICIA 4521 SW 44TH LANE OCALA, FL 34474	☐ Delete		- 1				Change	Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 air other like empowered.

SIGNATURE

Thomas Keith Bowers

Daytime Phone #

To Whom It May Concern:

Our office has relocated for the second time over the last fiscal year. We did not receive the notice from the Department to file the Annual Report. Nor did we receive the "Reject Letter" dated July 2004.

Kith R