

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001077

FILED  
Apr 06, 2005  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF DRUG DIVERSION INVESTIGATORS OF FLORIDA, INC.

**Current Principal Place of Business:**

PO BOX 451892  
SUNRISE, FL 333451892

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 451892  
SUNRISE, FL 333451892

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCELHANEY, LISA  
2601 W BROWARD BLVD  
FT LAUDERDALE, FL 33312      US

**Name and Address of New Registered Agent:**

MCELHANEY, LISA  
P.O.BOX 451892  
FT LAUDERDALE, FL 33312      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: LISA MCELHANEY

04/06/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P                      ( ) Delete  
Name: MCELHANEY, LISA  
Address: PO BOX 451892  
City-St-Zip: SUNRISE, FL 333451892

Title: V                      ( ) Delete  
Name: RICHER-FAIR, LORRAINE  
Address: PO BOX 451892  
City-St-Zip: SUNRISE, FL 333451892

Title: S                      ( ) Delete  
Name: WIENBERG, MEL  
Address: PO BOX 451892  
City-St-Zip: SUNRISE, FL 333451892

Title: T                      ( ) Delete  
Name: SCHWARTZ, WILLIAM  
Address: PO BOX 451892  
City-St-Zip: SUNRISE, FL 333451892

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V                      (X) Change ( ) Addition  
Name: PRITT, JENNIFER  
Address: PO BOX 451892  
City-St-Zip: SUNRISE, FL 333451892

Title: S                      (X) Change ( ) Addition  
Name: PASKO, JOHN  
Address: PO BOX 451892  
City-St-Zip: SUNRISE, FL 333451892

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISA MCELHANEY

P

04/06/2005

Electronic Signature of Signing Officer or Director

Date