


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000004639</b>	
1. Entity Name FRIENDS OF THE JUVENILE DRUG COURT, INC.	

Principal Place of Business 10 SUNTREE PLACE MELBOURNE, FL 32940	Mailing Address 10 SUNTREE PLACE MELBOURNE, FL 32940
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**DO NOT WRITE IN THIS SPACE**



05022006 No Chg-NP CR2E037 (4/06)

4. FEI Number 38-3714058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, ANDREW A ESQ.  
10 SUNTREE PLACE  
MELBOURNE, FL 32940

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BERMEL, MICHELE 10 SUNTREE PLACE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MOORE, RANDY 10 SUNTREE PLACE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GRAHAM, ANDREW A 10 SUNTREE PLACE MELBOURNE, FL 32940
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06/12/06-80003-004 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE: Randy Moore RANDY MOORE 6/5/06 321-617-7373  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #