

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000004639

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**



06052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3714058

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERMEL, MICHELE
STREET ADDRESS	10 SUNTREE PLACE
CITY- ST- ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	MOORE, RANDY
STREET ADDRESS	10 SUNTREE PLACE
CITY- ST- ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	GRAHAM, ANDREW A
STREET ADDRESS	10 SUNTREE PLACE
CITY- ST- ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000952892
06/09/08-80001-005 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(J. RANDALL MOORE) 6/6/08 321-617-7573