

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011615

FILED
Apr 20, 2008
Secretary of State

Entity Name: ASSOCIATION OF FRIENDS AND FAMILIES OF SUBSTANCE ABUSERS, INC.

Current Principal Place of Business:

1060 SUNSET STRIP SUITE A
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

1060 SUNSET STRIP SUITE A
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 16-1777470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON-GORDON, CLOVER R
10207 N.W. 6TH STREET
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DUNN, DAX
Address: 1060 SUNSET STRIP SUITE A
City-St-Zip: SUNRISE, FL 33313

Title: DVP () Delete
Name: GORDON, FLAVIA
Address: NOVA SOUTHEASTERN UNIVERSITY
City-St-Zip: DAVIE, FL

Title: DS () Delete
Name: ROBERTS, JOY
Address: 2321 N STATE ROAD 7 #114
City-St-Zip: LAUDERHILL, FL 33313

Title: DAS () Delete
Name: MCCALLA, LORNA
Address: 11198 N.W. 16TH PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DT () Delete
Name: BARTLETT, CARMEN
Address: 3661 W OAKLAND PARK BLVD. SUITE 205
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: DAT (X) Delete
Name: DOUGLAS, ASTON
Address: 1450 N.W. 47 AVENUE
City-St-Zip: COCONUT CREEK, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: MCLAUGHLIN, URLINE
Address: 11011 SHERIDAN STREET, #209
City-St-Zip: COOPER CITY, FL 33026

Title: D (X) Change () Addition
Name: MCCALLA, LLEWE
Address: 11198 N.W. 16TH PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DAT (X) Change () Addition
Name: DOUGLAS, ASTON
Address: 1450 N.W. 47TH AVENUE
City-St-Zip: COCONUT CREEK, FL 33063

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAX DUNN

DP

04/20/2008

Electronic Signature of Signing Officer or Director

Date