

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011615

FILED
Jan 05, 2011
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:

TAYLOR, RON
7631 S.W. 1ST STREET
MARGATE, FL 33068 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
Name: THOMPSON, CLOVER MRS.
Address: 10207 N.W. 6TH STREET
City-St-Zip: PLANTATION, FL 33306

Title: DS
Name: DOUGLAS, ASTON
Address: 1450 N.W. 47TH AVENUE
City-St-Zip: COCONUT CREEK, FL 33063

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

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

Title: DT
Name: TAYLOR, RON
Address: 7631 S.W. 1ST STREET
City-St-Zip: MARGATE, FL 33068

I hereby 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 all other like empowered.

SIGNATURE: RON TAYLOR

RA

01/05/2011

Electronic Signature of Signing Officer or Director

Date