


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N22640	
1. Entity Name COMMUNITY CRUSADE AGAINST DRUGS OF SOUTH FLORIDA, INC.	

Principal Place of Business 11380 N.W. 27TH AVE ROOM #3240 MIAMI, FL 33167 US	Mailing Address 11380 NW 27TH AVE #1389 ROOM # 3240 MIAMI, FL 33167 US
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01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0004103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MILLER, RICHARD E 11380 NW 27TH AVE, ROOM 3240 MIAMI, FL 33167

**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 May 1, 2005**

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

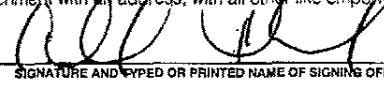
U00000195615
01/26/05-80036-001 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, RICHARD E 18735 NE 18TH AVE. N. MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LERO, SUSAN 11380 N.W. 27TH AVE ROOM 1173 MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDGREN, KEITH 104 NE 183RD ST. MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PINKSTON, MARTY 15800 N.W. 42ND AVENUE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OM ASHLEY, CHERICK 1138 N.W 27TH AVE #32040 MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED RIDLEY, CHARLES 11380 NW 27TH AVE 3240 MIAMI, FL 33167

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **1/18/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #