

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$385)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40455 (0)

1. Corporation Name

MIDWAY CITIZENS AGAINST DRUGS, INC.

Principal Place of Business

Mailing Address

C/O CONSTANCE ANDERSON
2480 CRAWFORD DR.
SANFORD FL 32771

C/O CONSTANCE ANDERSON
2480 CRAWFORD DR.
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1990

3a. Date of Last Report

07/10/1994

4. FEI Number

59-3107070

Applied For

Not Applicable

5. Certificate of Status Desired

☒ M

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

FILING FEE IS
\$61.25

8. This corporation has never, for intangible tax under s. 199.022,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BYRD, RAY
142 CARVER AVE.
SANFORD FL 32771

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Ray Byrd

RAY BYRD

(NOTE: Registered Agent signature required when reappointing)

June 6, 1995

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
BYRD, RAY
142 CARVER AVE
SANFORD FL
DVDS
ANDERSON, CONSTANCE
2480 CRAWFORD DR.
SANFORD FL 32771
DT
PERKINS, LOUISE
2351 BRISSON AVE.
SANFORD FL
D
JACKSON, JOHNELL
2371 WATER ST
SANFORD FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Secretary DS
Deloris Williams
2551 Byrd St
Sanford, FL 32711
DV
Anderson, Constance
2480 Crawford Dr
Sanford, FL 32771

☐ Change

☒ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

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☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Deloris V. Williams Deloris V. Williams DS

DATE

6-6-95

Daytime Phone #

407)

331-2023

CR2E037 (3/95)