SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF RECEIVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001176 (7)**

1. Corporation Name

MEN AGAINST DESTRUCTION DEFENDING AGAINST DRUGS & SOCIAL DISORDER OF HAINES CITY, INC.

Principal Place of Business	Mailing Address
602 N 8TH ST HAINES CITY FL 33844	602 N 8TH ST HAINES CITY FL 33844

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1993
3a. Date of Last Report: 05/25/1994
4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O.BOX 969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 HAINES CITY, FLA
Zip 24 / Country 25	Zip 29 33845 / Country 30 POLK

9. Name and Address of Current Registered Agent

MCCLAIN, THOMAS
602 N 8TH ST
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 Thomas McLain 6-27-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	T ☒ Change ☐ Addition
NAME	BARBERS, HENRY	1.2 NAME	Raggs, Buster
STREET ADDRESS	3520 BAKER DAIRY RD.	1.3 STREET ADDRESS	2510 10th St N
CITY-ST-ZIP	HAINES CITY FL 33844	1.4 CITY-ST-ZIP	Haines City, Fla 33844
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	CARNEGIE, ERNEST	2.2 NAME	
STREET ADDRESS	1918 N. 11TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	T ☒ Change ☐ Addition
NAME	BAKER, ROBERT	3.2 NAME	Wolfe, Clifford
STREET ADDRESS	1909 NORMA AVE.	3.3 STREET ADDRESS	1204 Valencia Ave
CITY-ST-ZIP	HAINES CITY FL 33844	3.4 CITY-ST-ZIP	HAINES City, Fla 33844
TITLE	P	4.1 TITLE	S ☐ Change ☒ Addition
NAME	MCCLAIN, THOMAS	4.2 NAME	Lisbon, Sandra
STREET ADDRESS	602 N. 8TH ST.	4.3 STREET ADDRESS	2815 Orchid Dr
CITY-ST-ZIP	HAINES CITY FL	4.4 CITY-ST-ZIP	Haines City, Fla 33844
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, KEVA	5.2 NAME	
STREET ADDRESS	1231 AVE J	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	T ☒ Change ☐ Addition
NAME	ATKINS, HELEN	6.2 NAME	Wolfe, Mary Edith
STREET ADDRESS	1207 N. 11TH ST.	6.3 STREET ADDRESS	1204 Valencia Ave
CITY-ST-ZIP	HAINES CITY FL	6.4 CITY-ST-ZIP	Haines City, Fla 33844

CR2E037 (3/95)

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 119.07(3)(i), 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: Thomas McLain 6-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0014037

N23-1176

FILED

1965 JUL 11 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Division of Corporations

From: M.A.D. D.A.D.S.

Our

FEI Number

59-324-9898