

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

P O BOX 969
HAINES CITY FL 33845
US

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

3. Date Incorporated or Qualified

03/03/1993

3a. Date of Last Report

07/11/1995

4. FEI Number

APPLIED FOR 59-324998

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

10. Name and Address of New Registered Agent

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

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 *Thomas McClain* Thomas McClain

4/1/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

T
NAME
RAGGS, BUSTER
STREET ADDRESS
2510 10TH ST N
CITY-ST-ZIP
HAINES CITY FL

T ☐ DELETE

T
NAME
CARNEGIE, ERNEST
STREET ADDRESS
1918 N. 11TH ST.
CITY-ST-ZIP
HAINES CITY FL 33844

T ☐ DELETE

T
NAME
WOLFE, CLIFFORD
STREET ADDRESS
1204 VALENCIA AVE
CITY-ST-ZIP
HAINES CITY FL

S ☐ DELETE

S
NAME
LISBON, SANDRA
STREET ADDRESS
2815 ORCHID DR
CITY-ST-ZIP
HAINES CITY FL

V ☐ DELETE

V
NAME
HARRIS, KEVA
STREET ADDRESS
1231 AVE J
CITY-ST-ZIP
HAINES CITY FL

T ☐ DELETE

T
NAME
WOLFE, MARY EDITH
STREET ADDRESS
1204 VALENCIA AVE
CITY-ST-ZIP
HAINES CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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***70.00

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)(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: *Thomas McClain* Thomas McClain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

741-422-303

Daytime Phone #

4121-3235

CR2E037 (12/95)