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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005099 (7)**

1. Corporation Name

FAMILIES AGAINST DRUGS AND ABUSE, INCORPORATED



Principal Place of Business	Mailing Address
10343 ROYAL PALM BLVD #410 CORAL SPRINGS FL 33065 US	10343 ROYAL PALM BLVD #410 CORAL SPRINGS FL 33065-4817 US

3. Date Incorporated or Qualified 11/05/1993	3a. Date of Last Report 02/29/1996
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2. Principal Place of Business	2a. Mailing Address
21 5621 HANCOCK ROAD	26 5621 HANCOCK ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 FT LAUDERDALE, FL	28 FT. LAUDERDALE, FL
Zip	Zip
24 33330	29 33330
Country	Country
25 US	30 US

4. FEI Number 65-0445683	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
THURMAN, MARK C. DELETE 10343 ROYAL PALM BLVD STE 410 CORAL SPRINGS FL 33065	

10. Name and Address of New Registered Agent	
81 Name	H. RICHARD SLICHTER
82 Street Address (P.O. Box Number is Not Acceptable)	5621 HANCOCK ROAD
83	
84 City	FT. LAUDERDALE
85 State	FL
86 Zip Code	33330

11. Pursuant to the provisions of Sections 617.0507 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: *[Signature]* DATE: **4/11/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	ADD DCP
NAME	THURMAN, MARK C	1.2 NAME	H. RICHARD SLICHTER
STREET ADDRESS	1951 LYONS RD #201	1.3 STREET ADDRESS	5621 HANCOCK ROAD
CITY - ST - ZIP	COCONUT CREEK FL	1.4 CITY - ST - ZIP	FT LAUDERDALE, FL 33330
TITLE	DT	2.1 TITLE	D
NAME	FINE, WILLIAM B	2.2 NAME	JAMES L. AIELLO
STREET ADDRESS	1951 LYONS RD #201	2.3 STREET ADDRESS	5621 HANCOCK ROAD
CITY - ST - ZIP	COCONUT CREEK FL	2.4 CITY - ST - ZIP	FT LAUDERDALE, FL 33330
TITLE	D	3.1 TITLE	DS
NAME	HALE, ROBERT V	3.2 NAME	MARIE A. SLICHTER
STREET ADDRESS	112 STATE ST.	3.3 STREET ADDRESS	5621 HANCOCK ROAD
CITY - ST - ZIP	LEXINGTON KY 40503	3.4 CITY - ST - ZIP	FT LAUDERDALE, FL 33330
TITLE	VST	4.1 TITLE	D
NAME	DRECHSEL, ERIC J	4.2 NAME	DONNA WAY
STREET ADDRESS	4300 RIVERSIDE DR. #3	4.3 STREET ADDRESS	423 SUNSHINE DR.
CITY - ST - ZIP	CORAL SPRINGS FL 33065	4.4 CITY - ST - ZIP	COCONUT CREEK, FL 33069
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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: *[Signature]* **H. RICHARD SLICHTER** DATE: **4-11-97** (954) 434-4913

CR2E037 (9/96)