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Apr 14 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> 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
5621 HANCOCK RD. #410 FT. LAUDERDALE FL 33330 US	5621 HANCOCK RD. #410 FT. LAUDERDALE FL 33330 US

3. Date Incorporated or Qualified

11/05/1993

4. FEI Number

65-0445683

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 7650 SOUTHGATE BLVD

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

23 N. LAUDERDALE, FL.

28 City & State

24 Zip 33068

Country US

29 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUCHTER, H. R  
5621 HANCOCK RD.  
STE 410  
FT. LAUDERDALE FL 33330

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

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 ☐ DELETE

1.1 TITLE

☐ Change ☒ Addition

NAME SLICHTER, H. RICHARD  
STREET ADDRESS 5621 HANCOCK RD.  
CITY-ST-ZIP FT. LAUDERDALE FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PAUL P. TOSI  
7650 SOUTHGATE BLVD  
N. LAUDERDALE, FL 33068

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME AIELLO, JAMES L  
STREET ADDRESS 5621 HANCOCK RD.  
CITY-ST-ZIP FT. LAUDERDALE FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME SLICHTER, MARIE A  
STREET ADDRESS 5621 HANCOCK RD.  
CITY-ST-ZIP FT. LAUDERDALE FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☒ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME WAY, DONNA  
STREET ADDRESS 423 SUNSHINE DR.  
CITY-ST-ZIP COCONUT CREEK FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: Marie A Slichter MARIE A SLICHTER 4/2/98 (951) 434-4913

CR2E037 (10/97)