

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005827

FILED
Jan 28, 2009
Secretary of State

Entity Name: SOUTH DADE AREA SERVICE OF NARCOTICS ANONYMOUS, INC.

Current Principal Place of Business:

7500 SW 112TH STREET
PINECREST, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

7500 SW 112TH STREET
PINECREST, FL 33156 US

New Mailing Address:

FEI Number: 59-3229489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VERGARA, HECTOR S
7500 SW 112TH STREET
PINECREST, FL 33156 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BROWN, SEAN R
Address: 220 N.E. 12TH AVENUE
City-St-Zip: HOMESTEAD, FL 33033

Title: VC () Delete
Name: TAVEINNI, LAWRAYE
Address: 8425 N.W. 8TH STREET, NO. 202
City-St-Zip: MIAMI, FL 33126

Title: S () Delete
Name: POWELL, TERRI
Address: 8045 S.W. 107TH AVENUE, NO. 120
City-St-Zip: MIAMI, FL 33173

Title: T () Delete
Name: ROBERTS, DAVID A
Address: 9953 S.W. 122ND STREET
City-St-Zip: MIAMI, FL 33176

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: TAVEINNI, LAWRAYE
Address: 8425 N.W. 8TH STREET, NO. 202
City-St-Zip: MIAMI, FL 33126

Title: VC (X) Change () Addition
Name: TORRES, NICHOLAS
Address: 7101 S.W. 111TH COURT
City-St-Zip: MIAMI, FL 33173

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MILIAN, ANSELMO
Address: 14052 S.W. 52ND TERRACE
City-St-Zip: MIAMI, FL 33175

Title: D () Change (X) Addition
Name: VERGARA, HECTOR S
Address: 7500 S.W. 112TH STREET
City-St-Zip: PINECREST, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR S. VERGARA

D

01/28/2009

Electronic Signature of Signing Officer or Director

Date