


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90012 041 ****61.25

DOCUMENT # N0100002323		
1. Entity Name CENTRAL FLORIDA FOUNDATION FOR A DRUG-FREE COMMUNITY, INC.		
Principal Place of Business 205 SOUTH EOLA DR ORLANDO, FL 32801	Mailing Address 205 SOUTH EOLA DR ORLANDO, FL 32801	

54026260



03232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3760157	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLDSTEIN, JOSEPH I
 201 S ORANGE AVE, SUITE 1100
 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEULNER, DONALD J 205 SOUTH EOLA DR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDSTEIN, JOSEPH I 201 S ORANGE AVE, SUITE 1100 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HORST, ERIC 205 SOUTH EOLA DR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  *Secretary* **3/24/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #