2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002323

FILED Jul 06, 2006 Secretary of State

Entity Name: CENTRAL FLORIDA FOUNDATION FOR A DRUG-FREE COMMUNITY, INC.

Current Principal Place of Business: New Principal Place of Business:

205 SOUTH EOLA DR 3670 MAGUIRE BOULEVARD

ORLANDO, FL 32801 SUITE 200

ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

205 SOUTH EOLA DR PO BOX 538350

ORLANDO, FL 32801 ORLANDO, FL 32853-835

FEI Number: 59-3760157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition Name:

FEULNER, DONALD J JACOBS, RICHARD Name: 205 SOUTH EOLA DR Address: 3670 MAGUIRE BOULEVARD, SUITE 200 Address:

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 328538350

SD Title:

Title: () Delete () Change () Addition GOLDSTEIN, JOSEPH I Name: Name:

Address: 201 S ORANGE AVE. SUITE 1100 Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip:

Title: () Delete Title: TD (X) Change () Addition

HORST, ERIC Name: HORST, ERIC Name:

205 SOUTH EOLA DR 3670 MAGUIRE BOULEVARD, SUITE 200 Address: Address:

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 328538350

I hereby certify that the information supplied with this filing does not qualify for the 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.

VΡ SIGNATURE: RICHARD DAVES 07/06/2006