

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002323

FILED
Jan 04, 2007
Secretary of State

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

Current Principal Place of Business:

3670 MAGUIRE BOULEVARD
SUITE 200
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

PO BOX 538350
ORLANDO, FL 32853

New Mailing Address:

FEI Number: 59-3760157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, JOSEPH I
201 S ORANGE AVE, SUITE 1100
ORLANDO, FL 32801 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: PD () Delete
Name: JACOBS, RICHARD
Address: 3670 MAGUIRE BOULEVARD, SUITE 200
City-St-Zip: ORLANDO, FL 328538350

Title: SD () Delete
Name: GOLDSTEIN, JOSEPH I
Address: 201 S ORANGE AVE, SUITE 1100
City-St-Zip: ORLANDO, FL 32801

Title: TD () Delete
Name: HORST, ERIC
Address: 3670 MAGUIRE BOULEVARD, SUITE 200
City-St-Zip: ORLANDO, FL 328538350

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP () Change (X) Addition
Name: DAVES, RICHARD
Address: 3670 MAGUIRE BLVD
City-St-Zip: ORLANDO, FL 32803

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.

SIGNATURE: RICHARD DAVES

VP

01/04/2007

Electronic Signature of Signing Officer or Director

Date