## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002323

FILED Jan 24, 2012 Secretary of State

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

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

3670 MAGUIRE BOULEVARD 3670 MAGUIRE BOULEVARD

SUITE 200 SUITE 200

ORLANDO, FL 32803 ORLANDO, FL 32853

Current Mailing Address: New Mailing Address:

PO BOX 538350 ORLANDO, FL 32853

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

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 US

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

Name: JACOBS, RICHARD

Address: 3670 MAGUIRE BOULEVARD, SUITE 200

City-St-Zip: ORLANDO, FL 328538350

Title: D

Name: GOLDSTEIN, JOSEPH I

Address: 201 S ORANGE AVE. SUITE 1100

City-St-Zip: ORLANDO, FL 32801

Title: S

Name: SMITH, BETH

Address: 444 EAST MICHIGAN STREET

City-St-Zip: ORLANDO, FL 32806

Title: VP

 Name:
 DAVES, RICHARD

 Address:
 3670 MAGUIRE BLVD

 City-St-Zip:
 ORLANDO, FL 32803

Title:

Name: GRANT, THOMAS N

Address: 201 SOUTH ORANGE AVENUE, STE 1350

City-St-Zip: ORLANDO, FL 32801

I hereby 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 all other like empowered.

SIGNATURE: RICHARD DAVES VP 01/24/2012