

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27863

FILED  
Jul 06, 2006  
Secretary of State

**Entity Name:** THE OUNCE OF PREVENTION FUND OF FLORIDA, INC.

**Current Principal Place of Business:**

111 N. GADSDEN ST., STE. 200  
TALLAHASSEE, FL 323011507

**New Principal Place of Business:**

**Current Mailing Address:**

111 N. GADSDEN ST., STE. 200  
TALLAHASSEE, FL 323011507

**New Mailing Address:**

**FEI Number:** 59-2908367      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

BAGGETT, FRED W.  
101 EAST COLLEGE AVENUE  
TALLAHASSEE, FL 32301 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: SD ( ) Delete  
Name: BAGGETT, FRED W.,  
Address: 101 EAST COLLEGE AVENUE  
City-St-Zip: TALLAHASSEE, FL

Title: VD ( ) Delete  
Name: SCHIEBLER, AUDREY L  
Address: 408 BEACHSIDE PALCE  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: CD ( ) Delete  
Name: DAVIS, T. WAYNE,  
Address: 1910 SAN MARCO BOULEVARD  
City-St-Zip: JACKSONVILLE, FL

Title: TD ( ) Delete  
Name: ROBERTS, C. PATRICK,  
Address: 800 N. CALHOUN ST  
City-St-Zip: TALLAHASSEE, FL 32303

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

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: WM. DOUGLAS SESSIONS, JT

CEO

07/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date