


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N27863 1. Entity Name THE OUNCE OF PREVENTION FUND OF FLORIDA, INC.	
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FILED
07 APR 30 AM 10: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 111 N. GADSDEN ST., STE. 200 TALLAHASSEE, FL 32301-1507	Mailing Address 111 N. GADSDEN ST., STE. 200 TALLAHASSEE, FL 32301-1507
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DO NOT WRITE IN THIS SPACE

04302007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-2908367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAGGETT, FRED W. 101 EAST COLLEGE AVENUE TALLAHASSEE, FL 32301	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	BAGGETT, FRED W.
STREET ADDRESS	101 EAST COLLEGE AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VD
NAME	SCHIEBLER, AUDREY L
STREET ADDRESS	408 BEACHSIDE PALCE
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	CD
NAME	DAVIS, T. WAYNE
STREET ADDRESS	1910 SAN MARCO BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TD
NAME	ROBERTS, C. PATRICK
STREET ADDRESS	800 N. CALHOUN ST
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	PRESIDENT / CEO
NAME	Douglas Session
STREET ADDRESS	111 N. Gadsden ST
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

095/15/07/07--01004--008 **61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____ DATE: 4/30/07 DAYTIME PHONE # _____