

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90097 006 \*\*\*\*61.25

0065363

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000001083**  
 1. Corporation Name  
**CAMPAIGN FOR ALCOHOL FREE KIDS, INC.**

Principal Place of Business POST OFFICE BOX 3625 CLEARWATER BEACH FL 33767 US	Mailing Address POST OFFICE BOX 3625 CLEARWATER BEACH FL 33767 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/21/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3455064
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  GOLDEN, SANDY 880 MANDALAY AVE. STE 105 CLEARWATER FL 33767	81 Name	Sandy Golden	
	82 Street Address (P.O. Box Number is Not Acceptable)	401 Canterbury Lane	
	83		
	84 City	Largo	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Sandy Golden* SANDY Golden DATE 4/27/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, SANDY	1.2 NAME	
STREET ADDRESS	880 MANDALAY AVE. STE 105	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33767	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLMAN, ADELE	2.2 NAME	
STREET ADDRESS	3100 NO COURSE LANE BLDG. 41 APT 607	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, BETH	3.2 NAME	
STREET ADDRESS	16802 LANDINGS POINTE LANE, #208	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AANDERUD, RICH	4.2 NAME	
STREET ADDRESS	11921 139TH AVE. E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PAYALLUP WA 98374	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandy Golden* SANDY Golden, President DATE 4/27/99 727-409-3644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (11/98)