

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001083 (1)**

1. Corporation Name

CAMPAIGN FOR ALCOHOL FREE KIDS, INC.



Principal Place of Business POST OFFICE BOX 3625 CLEARWATER BEACH FL 34630	Mailing Address POST OFFICE BOX 3625 CLEARWATER BEACH FL 34630
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33767 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33767 Country
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3. Date Incorporated or Qualified 02/21/1997	4. FEI Number 89-3455064	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent GOLDEN, SANDY 880 MANDALAY AVE. STE 105 CLEARWATER FL 34630	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 33767
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10. Name and Address of New Registered Agent
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" 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 34630	1.4 CITY-ST-ZIP	33767
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 checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL, IDA	3.2 NAME	Beth Gregory
STREET ADDRESS	2727 WEST FLETCHER AVE. STE 328	3.3 STREET ADDRESS	16802 Landings Pointe Lane #208
CITY-ST-ZIP	TAMPA FL 33618	3.4 CITY-ST-ZIP	Tampa, FL 33624
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL, SUSAN	4.2 NAME	Rich Andersen
STREET ADDRESS	500 GULF BLVD.	4.3 STREET ADDRESS	11921 139th Ave. E,
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	4.4 CITY-ST-ZIP	Payallup, WA 98374
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.

SIGNATURE: **Sandy Golden** **SANDY Golden** **4/20/98** **813 442 7522**

CR2E037 (10/97)