

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735636

FILED
Jan 06, 2005
Secretary of State

Entity Name: DRUG FREE AMERICA FOUNDATION, INC.

Current Principal Place of Business:

2600 9TH ST NORTH SUITE 200
SAINT PETERSBURG, FL 33704

New Principal Place of Business:

2600 9TH ST NORTH
SUITE 200
SAINT PETERSBURG, FL 33704

Current Mailing Address:

PO BOX 11298
ST PETERSBURG, FL 33733

New Mailing Address:

2600 9TH ST NORTH
SUITE 200
ST PETERSBURG, FL 33704

FEI Number: 59-1662427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOEBENBERG, WALTER P.
6529 CENTRAL AVENUE
ST. PETERSBURG, FL 33710 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: PD () Delete
Name: LOEBENBERG, WALTER P.,
Address: 6529 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL

Title: VTD () Delete
Name: GARCIA, JOSEPH
Address: 101 EAST KENNEDY BLVD, 2560
City-St-Zip: TAMPA, FL 336025157

Title: CD () Delete
Name: SEMBLER, BETTY
Address: 600 1ST AVENUE NORTH, STE 302
City-St-Zip: ST. PETERSBURG, FL 33707

Title: LCVD () Delete
Name: SNYDER, D. JAY ESQ.
Address: 6529 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D () Delete
Name: HOLTON, JAMES W ESQ.
Address: 14501 GULF BLVD.
City-St-Zip: MADERIA BEACH, FL 33708

Title: D () Delete
Name: LASHER, STUART F
Address: 339 SOUTH PLANT AVENUE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CD (X) Change () Addition
Name: SEMBLER, BETTY
Address: 2600 9TH ST NORTH, SUITE 200
City-St-Zip: ST. PETERSBURG, FL 33704

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 Section 119.07(3)(i), 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: WALTER P. LOEBENBERG

PD

01/06/2005

Electronic Signature of Signing Officer or Director

Date