2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90229 049 ****61.25

DOCUMENT # 735636

1. Entity Name
DRUG FREE AMERICA FOUNDATION, INC.

Principal Place of Business
2600 9TH ST NORTH
SUITE 200
SAINT PETERSBURG, FL 33704

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

60001760

01092006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1662427 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	LOBENBERG, WALTER P.	NAME	LOEBENBERG, WALTER P.
STREET ADDRESS	6529 CENTRAL AVENUE	STREET ADDRESS	6529 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL	CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	VTD ☐ Delete	TITLE	VTD ☒ Change ☐ Addition
NAME	GARCIA, JOSEPH	NAME	GARCIA, JOSEPH
STREET ADDRESS	101 EAST KENNEDY BLVD, 2560	STREET ADDRESS	101 EAST KENNEDY BLVD, 2700
CITY-ST-ZIP	TAMPA, FL 336025157	CITY-ST-ZIP	TAMPA, FL 33602-5157
TITLE	CD ☐ Delete	TITLE	ED ☐ Change ☒ Addition
NAME	SEMBLER, BETTY	NAME	FAY, CALVINA L.
STREET ADDRESS	2600 9TH ST NORTH, SUITE 200	STREET ADDRESS	2600 9th ST NORTH, SUITE 200
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	LCVD ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	SNYDER, D. JAY ESQ.	NAME	SEWELL, JAMES D.
STREET ADDRESS	6529 CENTRAL AVENUE	STREET ADDRESS	301 SECOND ST NORTH, #4
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	HOLTON, JAMES W ESQ.	NAME	HOLTON, JAMES W. ESQ
STREET ADDRESS	14501 GULF BLVD.	STREET ADDRESS	150 153rd AVENUE, SUITE 205
CITY-ST-ZIP	MADERIA BEACH, FL 33708	CITY-ST-ZIP	MADEIRA BEACH, FL 33708
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	LASHER, STUART F	NAME	LASHER, STUART F.
STREET ADDRESS	339 SOUTH PLANT AVENUE	STREET ADDRESS	140 FOUNTAIN PARKWAY, SUITE 420
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	ST. PETERSBURG, FL 33716

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Loebenberg Walter P. Loebenberg 01/10/06 727-347-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #