#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 735636** 

Entity Name: DRUG FREE AMERICA FOUNDATION, INC.

**FILED** May 06, 2020 **Secretary of State** 9036314728CC

## **Current Principal Place of Business:**

5999 CENTRAL AVENUE

STE 301

SAINT PETERSBURG, FL 33710

### **Current Mailing Address:**

5999 CENTRAL AVENUE

**STE 301** 

SAINT PETERSBURG, FL 33710

FEI Number: 59-1662427 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

RONSHAUSEN, AMY 5999 CENTRAL AVE

STE 301

SAINT PETERSBURG, FL 33710 US

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: AMY RONSHAUSEN 05/06/2020

> Date Electronic Signature of Registered Agent

> > Title

Officer/Director Detail:

Title **CHAIR** Title DIRECTOR

Name HOLTON, JAMES W ESQ. Name SULLIVAN, IRENE H JUDGE (RET.)

5999 CENTRAL AVENUE 5999 CENTRAL AVENUE Address Address

> STE 301 STE 301

City-State-Zip: SAINT PETERSBURG FL 33710 City-State-Zip: SAINT PETERSBURG FL 33710

Title **DIRECTOR** Title LC

Name SEMBLER, BETTY Name BAILIE, JEREMY D ESQ Address 5999 CENTRAL AVE, STE 301 Address 5999 CENTRAL AVENUE

STE 301

SAINT PETERSBURG FL 33710 City-State-Zip:

City-State-Zip: SAINT PETERSBURG FL 33710

Title **DIRECTOR** 

KAUFFMAN, KEVIN P Name SCHMIDT, MICHAEL W Name 5999 CENTRAL AVENUE Address

5999 CENTRAL AVENUE Address **STE 301** 

STE 301 SAINT PETERSBURG FL 33710

City-State-Zip: City-State-Zip: SAINT PETERSBURG FL 33710

Title DIRECTOR

Title **TREASURER** Name BROOKS, RONALD Name SMITH, DONNA R PHD

Address 5999 CENTRAL AVENUE Address 5999 CENTRAL AVENUE

STE 301 STE 301

City-State-Zip: SAINT PETERSBURG FL 33710 SAINT PETERSBURG FL 33710 City-State-Zip:

PRESIDENT, VC

#### Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: JAMES W. HOLTON **CHAIR** 05/06/2020

# Officer/Director Detail Continued:

Title SECRETARY

Name LATVALA-POWERS, SUSAN

Address 5999 CENTRAL AVENUE

STE 301

City-State-Zip: SAINT PETERSBURG FL 33710

Title DIRECTOR

Name HOLLOWAY, JASON

Address 5999 CENTRAL AVENUE

STE 301

City-State-Zip: SAINT PETERSBURG FL 33710

Title DIRECTOR

Name DANICOURT, WENDY

Address 5999 CENTRAL AVENUE

SUITE 301

City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR
Name ZIEDO, DANIEL

Address 5999 CENTRAL AVENUE

STE 301

City-State-Zip: SAINT PETERSBURG FL 33710

Title DIRECTOR

Name PAYNE, J TYLER

Address 5999 CENTRAL AVENUE

STE 301

City-State-Zip: SAINT PETERSBURG FL 33710