

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0100002323

**FILED**  
**Mar 13, 2014**  
**Secretary of State**  
**CC7206574012**

**Entity Name:** CENTRAL FLORIDA FOUNDATION FOR A DRUG-FREE COMMUNITY, INC.

**Current Principal Place of Business:**

5151 ADANSON STREET  
SUITE 200  
ORLANDO, FL 32804

**Current Mailing Address:**

PO BOX 538350  
ORLANDO, FL 32853

**FEI Number: 59-3760157**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

GOLDSTEIN, JOSEPH I ESQ.  
201 S ORANGE AVE, SUITE 1100  
ORLANDO, FL 32801 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: JOSEPH I. GOLDSTEIN**

**03/13/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name JACOBS, RICHARD  
Address 5151 ADANSON STREET  
SUITE 200  
City-State-Zip: ORLANDO FL 32804

Title D  
Name GOLDSTEIN, JOSEPH I ESQ.  
Address PO BOX 538350  
City-State-Zip: ORLANDO FL 32853

Title S  
Name SMITH, BETH  
Address 444 EAST MICHIGAN STREET  
City-State-Zip: ORLANDO FL 32806

Title VP  
Name DAVES, RICHARD  
Address 5151 ADANSON STREET  
SUITE 200  
City-State-Zip: ORLANDO FL 32804

*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: RICHARD DAVES**

**VP**

**03/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date