

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 735636 (3)

1. Corporation Name

**THE STRAIGHT FOUNDATION, INC.**

Drug Free America Foundation, Inc.

Principal Place of Business

C/O WALTER P. LOEBENBERG  
6529 CENTRAL AVENUE  
ST. PETERSBURG FL 33710

Mailing Address

C/O WALTER P. LOEBENBERG  
6529 CENTRAL AVENUE  
ST. PETERSBURG FL 33710

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SECURITY OF STATE



3. Date Incorporated or Qualified: 04/22/1976  
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business: 21 c/o Mel Sembler  
2a. Mailing Address: 26 c/o Mel Sembler

5858 Central Avenue  
5858 Central Avenue

St. Petersburg, FL  
St. Petersburg, FL

33707 USA  
33707 USA

4. FEI Number: 59-1662427  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

LOEBENBERG, WALTER P.  
6529 CENTRAL AVENUE  
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOEBENBERG, WALTER P.	
STREET ADDRESS	6529 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARCIA, JOSEPH	
STREET ADDRESS	101 EAST KENNEDY BL, 2560	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, DONALD	
STREET ADDRESS	4000 PARK STREET, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Joseph Garcia	
13 STREET ADDRESS	101 East Kennedy Blvd, 2560	
14 CITY-ST-ZIP	Tampa, FL 33602-5157	
21 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Mel Sembler	
23 STREET ADDRESS	5858 Central Avenue	
24 CITY-ST-ZIP	St. Petersburg, FL 33707	
31 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Marlene McCord	
33 STREET ADDRESS	5858 Central Avenue	
34 CITY-ST-ZIP	St. Petersburg, FL 33707	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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*Q.D. 7-96*  
*6-1*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Marlene McCord* Marlene McCord

813-384-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)