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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90200 046 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735636

1. Corporation Name
DRUG FREE AMERICA FOUNDATION, INC.

Principal Place of Business C/O MEL SEMBLER 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	Mailing Address C/O MEL SEMBLER 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707
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2. Principal Place of Business 21 504 Pasadena Avenue S. Suite, Apt. #, etc.	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/22/1976
22 c/o Mel Sembler City & State	27	4. FEI Number 59-1662427
23 St. Petersburg, FL Zip Country 24 33707 25	28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOBENBERG, WALTER P.	1.2 NAME	
STREET ADDRESS	6529 CENTRAL AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JOSEPH	2.2 NAME	
STREET ADDRESS	101 EAST KENNEDY BLVD, 2560	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602-5157	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMBLER, MEL	3.2 NAME	
STREET ADDRESS	5858 CENTRAL AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORD, MARLENE	4.2 NAME	
STREET ADDRESS	5858 CENTRAL AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other (a) empowered.

SIGNATURE: Marlene McCord 4/22/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 337-3841ma

CR2E037 (1/198)