

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOEBENBERG, WALTER P. <input type="checkbox"/> Delete 6529 CENTRAL AVENUE ST. PETERSBURG, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input type="checkbox"/> Delete GARCIA, JOSEPH 101 EAST KENNEDY BLVD, 2560 TAMPA, FL 336025157		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GARCIA, JOSEPH 101 EAST KENNEDY BLVD, 2700 TAMPA, FL 33602-5157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete SEMBLER, BETTY 2600 9TH ST NORTH, SUITE 200 ST. PETERSBURG, FL 33704		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FAY, CALVINA L. 2600 9th ST NORTH, SUITE 200 ST. PETERSBURG, FL 33704	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LCVD <input type="checkbox"/> Delete SNYDER, D. JAY ESQ. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEWELL, JAMES D. 301 SECOND ST NORTH, #4 ST. PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HOLTON, JAMES W ESQ. 14501 GULF BLVD. MADERIA BEACH, FL 33708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HOLTON, JAMES W. ESQ 150 153rd AVENUE, SUITE 205 MADEIRA BEACH, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LASHER, STUART F 339 SOUTH PLANT AVENUE TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LASHER, STUART F. 140 FOUNTAIN PARKWAY, SUITE 420 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: <i>Walter P. Loebenberg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 01/10/06 Daytime Phone # 727-347-8900		