


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90027 034 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # 735636</b>                             |  |
| 1. Entity Name<br>DRUG FREE AMERICA FOUNDATION, INC. |   |

|   |  |
|---|--|
| Principal Place of Business<br>2600 9TH ST NORTH<br>SUITE 200<br>SAINT PETERSBURG, FL 33704 | Mailing Address<br>2600 9TH ST NORTH<br>SUITE 200<br>ST PETERSBURG, FL 33704 |
|---|--|

**50000841**



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

01162007 Chg-NP CR2E037 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-1662427</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br>LOEBENBERG, WALTER P.<br>6529 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33710 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |  |
|---|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|--|--|

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>LOEBENBERG, WALTER P<br>6529 CENTRAL AVENUE<br>ST. PETERSBURG, FL <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VTD<br>GARCIA, JOSEPH<br>101 E KENNEDY BLVD, 2700<br>TAMPA, FL 336025157 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CD<br>SEMBLER, BETTY<br>2600 9TH ST NORTH, SUITE 200<br>ST. PETERSBURG, FL 33704 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | LCVD<br>SNYDER, D. JAY ESQ.<br>6529 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HOLTON, ESQ, JAMES W<br>150 153RD AVE, STE 205<br>MADEIRA BEACH, FL 33708 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>LASHER, STUART F<br>140 FOUNTAIN PARKWAY, STE 420<br>SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** Walter P. Loebenberg **Walter P. Loebenberg** 01/16/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



## ATTACHMENT

50000841  
#735636

### BOARD OF DIRECTORS

**Chair**

Betty S. Sembler  
2600 9<sup>th</sup> Street North  
Suite 200  
St. Petersburg, FL 33704

**Secretary**

Joseph Garcia, Esquire  
101 East Kennedy Boulevard  
Suite 2700  
Tampa, FL 33602

**Legal Counsel / Vice Chair**

D. Jay Snyder, Esquire  
6529 Central Avenue  
St. Petersburg, FL 33710

**Director**

William S. Jacobs, Jr., M.D.  
3947 Salisbury Road  
Jacksonville, FL 32216

**Director**

Andrew Thomas  
301 West Jefferson  
Suite 800  
Phoenix, AZ 85003

**President / Vice Chair**

Walter P. Loebenberg  
US Enterprises, Inc.  
6529 Central Avenue  
St. Petersburg, FL 33710

**Treasurer**

Stuart Lasher  
Quantum Capitol  
140 Fountain Parkway  
Suite 420  
St. Petersburg, FL 33716

**Director**

James W. Holton, Esquire  
150 153<sup>rd</sup> Avenue  
Suite 205  
Madiera Beach, FL 33708

**Director**

James D. Sewell, Ph.D.  
301 Second Street North  
#4  
St. Petersburg, FL 33701

**Executive Director**

Calvina L. Fay  
2600 9<sup>th</sup> Street North  
Suite 200  
St. Petersburg, FL 33704