


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90066 017 \*\*\*\*61.25

<b>DOCUMENT # 735636</b> 1. Entity Name <b>DRUG FREE AMERICA FOUNDATION, INC.</b>					
Principal Place of Business <b>2600 9TH ST NORTH SUITE 200 SAINT PETERSBURG, FL 33704</b>			Mailing Address <b>2600 9TH ST NORTH SUITE 200 ST PETERSBURG, FL 33704</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1662427</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOEBENBERG, WALTER P 6529 CENTRAL AVENUE ST. PETERSBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GARCIA, JOSEPH 101 E KENNEDY BLVD, 2700 TAMPA, FL 336025157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SEMBLER, BETTY 2600 9TH ST NORTH, SUITE 200 ST. PETERSBURG, FL 33704	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LCVD SNYDER, D. JAY ESQ. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTON, ESQ, JAMES W 150 153RD AVE, STE 205 MADEIRA BEACH, FL 33708	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASHER, STUART F 140 FOUNTAIN PARKWAY, STE 420 SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD/VC LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, JOSEPH 101 E KENNEDY BLVD, 2700 TAMPA, FL 33602 5157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, WILLIAM S., JR., M.D. 3947 SALISBURY ROAD JACKSONVILLE, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LC/VC SNYDER, D. JAY ESQ. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFFMAN, KEVIN P. 1675 BROADWAY, 26th FLOOR DENVER, CO 80202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LASHER, STUART F. 140 FOUNTAIN PARKWAY, STE 420 ST. PETERSBURG, FL 33716	<input checked="" 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.					
<b>SIGNATURE:</b> <u>Walter P. Loebenberg</u> <span style="float: right;">01/07/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

\*\* See attached list for additional officers/directors.



**Drug Free  
AMERICA**  
Foundation, Inc.

## ATTACHMENT

40001810  
#735636

### BOARD OF DIRECTORS

**Chair**

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

**Treasurer**

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

**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**

Kevin P. Kauffman  
1675 Broadway  
26th Floor  
Denver, CO 80202

**Executive Director**

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

**President / Vice Chair**

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

**Secretary**

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

**Director**

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

**Director**

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

**Director**

Alejandro Vassilaqui  
Roca Y Bolona 271, San Antonio  
Lima, Peru