

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000002379 (3)

1. Corporation Name

THE DRUG-FREE* ALL-STARS FOUNDATION, INC.



Principal Place of Business

Mailing Address

1026 CREEKFORD DR
FT LAUDERDALE FL 33326

1026 CREEKFORD DR
FT LAUDERDALE FL 33326-2861

3. Date Incorporated or Qualified

05/10/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

52-1702740

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERRI, GERARD
1026 CREEKFORD DR
FT LAUDERDALE FL 33326

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT FERRI, GERARD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRI, GERARD		1.2 NAME
STREET ADDRESS	1026 CREEKFORD DR		1.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL 33326		1.4 CITY-ST-ZIP
TITLE	VCV CAREY, ANDY	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, ANDY		2.2 NAME
STREET ADDRESS	19000 MCARTHUR BLVD #400		2.3 STREET ADDRESS
CITY-ST-ZIP	IRVINE CA 92715		2.4 CITY-ST-ZIP
TITLE	SD WAITE, WILLIAM	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAITE, WILLIAM		3.2 NAME
STREET ADDRESS	19000 MCARTHUR BLVD #400		3.3 STREET ADDRESS
CITY-ST-ZIP	IRVINE CA 92715		3.4 CITY-ST-ZIP
TITLE	D TIMMONS, GLENN	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMONS, GLENN		4.2 NAME
STREET ADDRESS	38 AVIGNON		4.3 STREET ADDRESS
CITY-ST-ZIP	NEWPORT COAST CA 92657		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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037399

CR2E037 (9/96)