



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90012 030 \*\*\*\*70.00

<b>DOCUMENT # N0100002957</b>					
<b>1. Entity Name</b> PARTNERSHIP FOR A DRUG-FREE COMMUNITY OF SOUTH FLORIDA, INC.					
<b>Principal Place of Business</b> 3361 BELVEDERE ROAD SUITE D WEST PALM BEACH, FL 33406		<b>Mailing Address</b> 13132 48TH CT N ROYAL PALM BCH, FL 33411		54032371  	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03162004 Chg-NP CR2E037 (10/03)	
Zip		Zip		<b>4. FEI Number</b> 65-1100146	
Country		Country		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CARROLL, DORIS 13132 48TH CT N ROYAL PALM BCH, FL 33411			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State: <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE <i>Doris Ann Carroll</i>		(NOTE: Registered Agent signature required when re-registering)		DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> 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	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAMPSON, FRANK		NAME		
STREET ADDRESS	808 19TH STREET		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAMPSON, MARGARET		NAME		
STREET ADDRESS	808 19TH ST		STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 33411		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARROLL, DORIS		NAME		
STREET ADDRESS	13132 48TH COURT NORTH		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEFFIELD, PAT		NAME		
STREET ADDRESS	1071 SUGAR SAND BLVD		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH, FL 33404		CITY-ST-ZIP		
TITLE	RO	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANTIAGO, NANCY		NAME	REV. ALEX BOSS	
STREET ADDRESS	1410 S H ST		STREET ADDRESS	4771 PINEKNOTT LANE	
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP	WEST PALM BEACH FL. 33411	
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SERRACS, ANDREA		NAME	BETTY GANNON	
STREET ADDRESS	1300 53ND		STREET ADDRESS	12890 WILTON ROAD	
CITY-ST-ZIP	W PALM BCH, FL 33407		CITY-ST-ZIP	JUNO BEACH FL. 33408	
<b>12. 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 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 another like empowered.</b>					
SIGNATURE: <i>Doris Carroll</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>3/18/04</i> Daytime Phone #: <i>561-686-4008</i>	