


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90160 007 ****61.25

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1. Entity Name
PARTNERSHIP FOR A DRUG-FREE COMMUNITY OF SOUTH FLORIDA, INC.



Principal Place of Business
**3361 BELVEDERE ROAD
 SUITE D
 WEST PALM BEACH, FL 33406**

Mailing Address
**13132 48TH CT N
 ROYAL PALM BCH, FL 33411**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

04262006 Chg-NP CR2E037 (11/05)



4. FEI Number
65-1100146 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CARROLL, DORIS
 13132 48TH CT N
 ROYAL PALM BCH, FL 33411**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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	C SAMPSON, FRANK 808 19TH STREET WEST PALM BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David McVinney 529 Sunset Road West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMPSON, MARGARET 808 19TH ST W PALM BCH, FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Heather Davis 8961 Okeechobee Blvd. West Palm Beach, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD CARROLL, DORIS 13132 48TH COURT NORTH ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wandalyn Ure 14943 Horseshoe Trace Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHEFFIELD, PAT 1071 SUGAR SAND BLVD RIVIERA BCH, FL 33404 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member at large <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dr. Kaffie Clark, LMCH 4362 Northlake Blvd., Ste.202 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RO BESS, ALEX REV 4771 PINEKNOTT LANE WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member at large <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Allison Aldcroft 1017 North Olive Ave. West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GANNON, BETTY 12890 WILTON ROAD JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Doris Ann Carroll Date: April 27, 2006 Daytime Phone #: 561-689-2535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR