

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 30, 2012
Secretary of State

DOCUMENT# N01000002957

Entity Name: PARTNERSHIP FOR A DRUG-FREE COMMUNITY OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**3361 BELVEDERE ROAD SUITE C
SUITE C
WEST PALM BEACH, FL 33406**New Principal Place of Business:**3361 BELVEDERE ROAD
SUITE C
WEST PALM BEACH, FL 33406**Current Mailing Address:**3361 BELVEDERE ROAD SUITE C
SUITE C
WEST PALM BEACH, FL 33406**New Mailing Address:**3361 BELVEDERE ROAD
SUITE C
WEST PALM BEACH, FL 33406**FEI Number:** 65-1100146**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CARROLL, DORIS
13132 48TH CT N
ROYAL PALM BCH, FL 33411 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED
Name: CARROLL, DORIS
Address: 13132 48TH COURT NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: COB
Name: SHEFFIELD, PAT
Address: 1071 SUGAR SANDS BLVD. #6
City-St-Zip: RIVIERA BEACH, FL 33404

Title: S
Name: CARROLL, WILLIAM
Address: 13132 48TH COURT N
City-St-Zip: WEST PALM BEACH, FL 33411

Title: T
Name: SPENCER, INDA
Address: 5737 OKEECHOBEE BLVD
City-St-Zip: W PALM BEACH, FL 33417

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DORIS A CARROLL

ED

04/30/2012

Electronic Signature of Signing Officer or Director

Date