FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 AM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N19076** **(1)**

1. Corporation Name

FOUNDATION FOR A DRUG FREE GENERATION, INC.

Principal Place of Business	Mailing Address
700 ELEVENTH STREET SOUTH SUITE #200 NAPLES FL 33940	OGDEN, DEBRA, A. 3710 ESTY AVENUE NAPLES FL 33942 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1987	3a. Date of Last Report: 09/06/1994
4. FEI Number: 65-0053153	☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 John Clapper III
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Roetzel & Andress Suite 270 Collier Place I
City & State 23	City & State 28 Naples, Florida
Zip: 24 / Country: 25	Zip: 29 33940 / Country: 30 Collier

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

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OGDEN, DEBRA A 3710 ESTEY AVENUE NAPLES FL 33942	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SCHROER, JERRY, MR.	12 NAME	
STREET ADDRESS	947 4TH AVENUE SOUTH	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33999	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	STEVENS, GINNY	22 NAME	
STREET ADDRESS	6075 GOLDEN GATE PARKWAY	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33999	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	OGDEN, DEBRA A	32 NAME	
STREET ADDRESS	260 4TH STREET NORTH EAST	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33964	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	KANE, DR. PAT	42 NAME	
STREET ADDRESS	703 BUTTON BUSH LANE	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ENGLISH, MR. MARK	52 NAME	
STREET ADDRESS	500 5TH AVENUE SOUTH	53 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	STORRAR, CAPT. TOM	62 NAME	
STREET ADDRESS	3101 TAMIAMI TRAIL E.	63 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3/13/95 (813) 436-6412
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

000C0918