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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40170

1. Corporation Name

THE PARTNERSHIP FOR A DRUG-FREE FLORIDA, INC.

Principal Place of Business

1001 ALTERNATE A1A
JUPITER FL 33477
US

Mailing Address

1001 ALTERNATE A1A
JUPITER FL 33477
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

10/01/1990

4. FEI Number

65-0203097 65-0230971

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

~~CHISMAR~~ KATHLEEN BUSH
1001 ALTERNATE A1A
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name BUSH, KATHLEEN
82 Street Address (P.O. Box Number is Not Acceptable)
1001 ALTERNATE A1A
83
84 City JUPITER FL 85 Zip Code 33477

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

Kathleen Bush
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HALL, THOMAS
STREET ADDRESS SUITE 2760-ONE TAMPA CITY CENTER
CITY-ST-ZIP TAMPA FL

TITLE DPTS
NAME STILES, CHARLES B.
STREET ADDRESS 12539 BARRINGTON COURT SW
CITY-ST-ZIP FT. MYERS FL

TITLE D
NAME SHELTON, DICK
STREET ADDRESS 336 COLLEGE AVE.
CITY-ST-ZIP TALLAHASSEE FL

TITLE D
NAME MAPES, LYNN
STREET ADDRESS 206 MORTON ST.
CITY-ST-ZIP GRASSY KEY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Filed 24, 1999 94-731-0006

Date

Daytime Phone #

CR2E037 (11/98)