


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N40170 1. Entity Name THE PARTNERSHIP FOR A DRUG-FREE FLORIDA, INC.						FILED 04 FEB 23 PM 4:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA							
Principal Place of Business PO BOX 221345 WPB, FL 33422 US				Mailing Address P O BOX 221345 WEST PALM BEACH, FL 33422 US									
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.									
City & State Zip Country				City & State Zip Country									
6. Name and Address of Current Registered Agent BUSH, KATHLEEN 4552 BROOK DRIVE WEST PALM BEACH, FL 33417				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code									
4. FEI Number 65-0230971								Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required								02132004 Chg-NP CR2E037 (10/03)					
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 <u><i>Kathleen Bush</i></u> DATE <u><i>2/19/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>								Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HALL, THOMAS SUITE 2760-ONE TAMPA CITY CENTER TAMPA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900030932019 03/23/04--01069--003 **\$1.25									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS STILES, CHARLES B. 12539 BARRINGTON COURT SW FT. MYERS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, KATHY P O BOX 221345 WEST PALM BEACH, FL 334221345	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 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 all other like empowered.													
SIGNATURE: <u><i>Charles B Stiles</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u><i>2/19/04</i></u> Daytime Phone # <u><i>521681 1320</i></u>									