

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40170

FILED
Jun 30, 2005
Secretary of State

Entity Name: THE PARTNERSHIP FOR A DRUG-FREE FLORIDA, INC.

Current Principal Place of Business:

PO BOX 221345
WPB, FL 33422 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 221345
WEST PALM BEACH, FL 33422 US

New Mailing Address:

FEI Number: 65-0230971 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSH, KATHLEEN
4552 BROOK DRIVE
WEST PALM BEACH, FL 33417 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: D () Delete
Name: HALL, THOMAS
Address: SUITE 2760-ONE TAMPA CITY CENTER
City-St-Zip: TAMPA, FL

Title: DPTS () Delete
Name: STILES, CHARLES B.
Address: 12539 BARRINGTON COURT SW
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: BUSH, KATHY
Address: P OB OX 221345
City-St-Zip: WEST PALM BEACH, FL 334221345

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HALL, THOMAS
Address: SUITE 2760-ONE TAMPA CITY CENTER
City-St-Zip: TAMPA, FL 33602 US

Title: DPTS (X) Change () Addition
Name: STILES, CHARLES B.
Address: 12539 BARRINGTON COURT SW
City-St-Zip: FT. MYERS, FL 33903 US

Title: D (X) Change () Addition
Name: BUSH, KATHLEEN
Address: P OB OX 221345
City-St-Zip: WEST PALM BEACH, FL 334221345 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN BUSH

D

06/30/2005

Electronic Signature of Signing Officer or Director

Date