

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40170

FILED  
May 19, 2006  
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 33602 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BUSH, KATHY  
Address: 4552 BROOK DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: BUSH, KATHLEEN  
Address: P O BOX 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 Chapter 119, 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: KATHY BUSH

CFO

05/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date