

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 AM 10:15

DOCUMENT # **N92000000506 (7)**

1. Corporation Name

DRUG FREE HOUSING FOUNDATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

702 N. LINCOLN COURT
JACKSONVILLE FL 32209

P.O. BOX 26263
JACKSONVILLE FL 32226-6263

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1992

3a. Date of Last Report

10/20/1994

4. FEI Number

59-3122484

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

24
Zip

25
Country

29
Zip

30
Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SCHUPP, ROBERT
1730 SHADOWOOD LANE
SUITE 300
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: TD
NAME: KAREN B. MURPHY
STREET ADDRESS: 1275 DUNN AVE
CITY - ST - ZIP: JACKSONVILLE FL 32218

1.1 TITLE: Change Addition
1.2 NAME: 2ND VP - D
1.3 STREET ADDRESS: KAREN B. MURPHY
1.4 CITY - ST - ZIP: 1275 DUNN AVE JACKSONVILLE, FL 32218

TITLE: PD
NAME: JACKSON, RON
STREET ADDRESS: 3740 BEACH BLVD.
CITY - ST - ZIP: JACKSONVILLE FL 32207

2.1 TITLE: Change Addition
2.2 NAME: LEFT
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:

TITLE: VPD
NAME: CARPENTER, MAC
STREET ADDRESS: 4000-B ST. JOHN'S AVE., STE. 22
CITY - ST - ZIP: JACKSONVILLE FL 32205

3.1 TITLE: Change Addition
3.2 NAME: PRESIDENT - D
3.3 STREET ADDRESS: MAC CARPENTER
3.4 CITY - ST - ZIP: 4000 ST JOHN'S AVE SUITE 22 JACKSONVILLE, FL 32205

TITLE: VPD
NAME: OGLETREE, ROCHELLE
STREET ADDRESS: 4813 MONCHIEF ROAD
CITY - ST - ZIP: JACKSONVILLE FL 32209

4.1 TITLE: Change Addition
4.2 NAME: LEFT
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

TITLE: TREASURER - D
NAME: JULE SKOWRON
STREET ADDRESS: 9/6 ORTEGA APTS.
CITY - ST - ZIP: 4800 ORTEGA FARAS BLVD. JACK FL. 32210

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

TITLE: SECRETARY - D
NAME: HOLLY GILARD
STREET ADDRESS: 6/0 EUREKA GARDENS
CITY - ST - ZIP: 1314 LA BELLE JACK FL. 32205

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 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 110.07(3)(k), 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:

SIGNATURE TYPED OR PRINTED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiration Period

[Signature] - KAREN B. MURPHY

4-14-95

904-757-

0240