

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N92000000506 (7)

1. Corporation Name

DRUG FREE HOUSING FOUNDATION, INC.



Principal Place of Business

Mailing Address

702 N. LINCOLN COURT  
JACKSONVILLE FL 32209

P.O. BOX 26263  
JACKSONVILLE FL 32226-6263

3. Date Incorporated or Qualified  
11/25/1992

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3122484

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHUPP, ROBERT  
1730 SHADOWOOD LANE  
SUITE 300  
JACKSONVILLE FL 32207

B1

Name

B2

Street Address (P.O. Box Number is Not Acceptable)

B3

B4

City

FL

B5 Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VPD

DELETE

NAME

MURPHY, KAREN B

STREET ADDRESS

1275 DUNN AVE

CITY-ST-ZIP

JAX FL

1.1 TITLE

PD

Change

Addition

1.2 NAME

Garrard, Hollie

1.3 STREET ADDRESS

1214 Labelle St Jax, Fl. 32205

1.4 CITY-ST-ZIP

TITLE

PD

DELETE

NAME

CARPENTER, MAC

STREET ADDRESS

4000 ST JOHN'S AVE, STE 22

CITY-ST-ZIP

JAX FL

2.1 TITLE

VPD

Change

Addition

2.2 NAME

Kathy Revell

2.3 STREET ADDRESS

4000 St. Johns Ave Ste #22 Jax, Fl, 32205

2.4 CITY-ST-ZIP

TITLE

TD

DELETE

NAME

SKOWRON, SUE C

STREET ADDRESS

4800 ORTEGA FARMS BLVD

CITY-ST-ZIP

JAX FL

3.1 TITLE

Sec

Change

Addition

3.2 NAME

Sue, Skowron

3.3 STREET ADDRESS

7844 Gregory Dr Jax, Fl. 32210

3.4 CITY-ST-ZIP

TITLE

SD

DELETE

NAME

GRARD, HOLLY C

STREET ADDRESS

1214 LA BELLE

CITY-ST-ZIP

JAX FL

4.1 TITLE

TD

Change

Addition

4.2 NAME

Cathy Day

4.3 STREET ADDRESS

500 N. Acme St. Jax. Fl. 32211

4.4 CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

600001857686

Change

Addition

6.2 NAME

-06/11/96--01057--005

6.3 STREET ADDRESS

\*\*\*\$61.25

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 119.07(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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-96

Daytime Phone #

CR2E037 (12/95)