

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 # N94000001957 (9)

1. Corporation Name

THE NATIONAL DESIGNATED DRIVER FOUNDATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 48008  
ST. PETERSBURG FL 33743-8008

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ST. PETERSBURG FL 33743-8008

3. Date Incorporated or Qualified  
04/20/1994

3a. Date of Last Report  
08/25/1995

2. Principal Place of Business  
21 5607 66th St. N.

2a. Mailing Address  
26 PO Box 48008

4. FEI Number  
59-3239709

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State  
St. Petersburg, FL

28 City & State  
St. Petersburg, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip  
33709

Country

25 Pinellas

29 Zip  
33743-8008

Country

30 Pinellas

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

CRAWFORD, KRISTIN  
14204 E. PARSLEY DR.  
MADEIRA BEACH FL 33708

← NEW ADDRESS →

81 Name  
Kristin Crawford

82 Street Address (P.O. Box Number is Not Acceptable)  
15710 Herman ST, SUITE A

83

84 City  
CLEARWATER FL 85 Zip Code  
34620

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
CRAWFORD, KRISTIN  
14204 E. PARSLEY DR.  
MADEIRA BEACH FL 33708 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
☒ Change ☐ Addition  
15710 HERMAN ST, SUITE A  
CLEARWATER, FL 34620

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
CRAWFORD, ROBERT  
100 2ND AVE. S., STE. 400 N  
ST. PETERSBURG FL 33701 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☒ Change ☐ Addition  
11521 60th ST N  
Pinellas Park, FL 34666

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SELVARAJAH, PRAKASH  
5607 66TH ST. N.  
ST. PETERSBURG FL 33709 ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☒ Change ☐ Addition  
Sober Ride, USF CTR 203, 4202 E. Fowler Ave.  
Tampa, FL 33620

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☒ Addition  
D  
Tom Stelter  
400 S. Catherine  
LA Grange, IL 60526

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☒ Addition  
D  
Eileen Padberg  
2081 Business Center Drive, Suite 190  
Irvine, CA 92715

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☒ Addition  
D  
Mark Salvino  
570 Albendeen  
Frankfort, IL 60423

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:

Kristin Crawford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

Date

813-546-7233

Daytime Phone #

CR2E037 (12/95)