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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001957 (9)**

1. Corporation Name

THE NATIONAL DESIGNATED DRIVER FOUNDATION, INC.

Principal Place of Business

5807 66TH STREET NORTH
ST. PETERSBURG FL 33709
US

Mailing Address

P.O. BOX 49008
ST. PETERSBURG FL 33743-9008
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CRAWFORD, KRISTIN
15710 HERMAN ST., #A
CLEARWATER FL 33742

3. Date Incorporated or Qualified

04/20/1994

4. FEI Number

59-3239709

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

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

33760

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRAWFORD, KRISTIN	
STREET ADDRESS	15710 HERMAN STREET #A	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRAWFORD, ROBERT	
STREET ADDRESS	11521 60TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FORMAN, PATRICIA	
STREET ADDRESS	11 COMMONS DRIVE	
CITY-ST-ZIP	PALOS PARK IL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STELTER, TOM	
STREET ADDRESS	793 AVENIDA SALVADOR	
CITY-ST-ZIP	SAN CLEMENTE CA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PADBERG, EILEEN	
STREET ADDRESS	2081 BUSINESS CENTER DRIVE SUITE 180	
CITY-ST-ZIP	IRVINE CA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SALVINO, MARK	
STREET ADDRESS	570 ALBERDEEN	
CITY-ST-ZIP	FRANKFORT IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REK NANA	
1.3 STREET ADDRESS	KNOX COLLEGE	
1.4 CITY-ST-ZIP	Galesburg, IL 61401	

2.1 TITLE	D (not P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

KRISTIN CRAWFORD

1/9/98

813-546-7283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 052376

CR2E037 (10/97)