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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90256 032 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000001957**

1. Corporation Name

**THE NATIONAL DESIGNATED DRIVER FOUNDATION, INC.**

Principal Place of Business

PO BOX 2116  
GOLDENROD FL 32733-2116  
US

Mailing Address

P.O. BOX 2116  
GOLDENROD FL 32733-2116  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**04/20/1994**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-3239709**

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRAWFORD, KRISTIN**

~~15710 HERMAN ST., #A~~

~~CLEARWATER FL 33760~~

81 Name

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

**2010 BENTWOOD DRIVE**

83

84 City **WINTER PARK**

**FL**

85 Zip Code **32792**

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

*Kristin Crawford* **EXECUTIVE DIRECTOR**

**1/22/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **CRAWFORD, KRISTIN**  
STREET ADDRESS **15710 HERMAN STREET #A**  
CITY-ST-ZIP **CLEARWATER FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**2010 BENTWOOD DRIVE**  
**WINTER PARK, FL 32792**

☒ Change ☐ Addition

TITLE **D** ☐ DELETE  
NAME **CRAWFORD, ROBERT**  
STREET ADDRESS **11521 60TH STREET NORTH**  
CITY-ST-ZIP **PINELLAS PARK FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE  
NAME **FORMAN, PATRICIA**  
STREET ADDRESS **11 COMMONS DRIVE**  
CITY-ST-ZIP **PALOS PARK IL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE  
NAME **STELTER, TOM**  
STREET ADDRESS **793 AVENIDA SALVADOR**  
CITY-ST-ZIP **SAN CLEMENTE CA**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☒ DELETE  
NAME **PADBERG, EILEEN**  
STREET ADDRESS **2081 BUSINESS CENTER DRIVE SUITE 180**  
CITY-ST-ZIP **IRVINE CA**

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

**D RICK NAHM**  
**PO BOX 1776**  
**WILLIAMSBURG VA 23187-1776**

☐ Change ☒ Addition

TITLE **D** ☐ DELETE  
NAME **SALVINO, MARK**  
STREET ADDRESS **570 ALBERDEEN**  
CITY-ST-ZIP **FRANKFORT IL**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*Kristin Crawford* **EXECUTED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/4/99 407-671-2409**

CR2E037 (11/98)