

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90016 021 ****70.00

60020204



DOCUMENT # N97000000862 1. Entity Name KEEP KIDS DRUG FREE FOUNDATION, INC.					
Principal Place of Business 3180 BISCAYNE BLVD MIAMI, FL 33137			Mailing Address 3180 BISCAYNE BOULEVARD MIAMI, FL 33137		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent GISSIN, MATTHEW 3180 BISCAYNE BOULEVARD MIAMI, FL 33137				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAUFFIELD, CHRISTINE		NAME	THOMPSON, HERRY	
STREET ADDRESS	1565 STATE STREET		STREET ADDRESS	1565 STATE STREET	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE, DIANNE		NAME	POWERS, GARY	
STREET ADDRESS	6655 66 ST N.		STREET ADDRESS	555 STOCKTON STREET	
CITY-ST-ZIP	PINELLAS PK, FL 33781		CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, DICK		NAME		
STREET ADDRESS	205 S EOLA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE	CPTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GISSIN, MATTHEW J.D.		NAME		
STREET ADDRESS	3180 BISCAYNE BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLK, THOMAS M.S.		NAME		
STREET ADDRESS	3333 WEST PENSACOLA STREET		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, CHET		NAME		
STREET ADDRESS	3875 TIGER BAY ROAD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32124		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-16-06 305 712648 Date Daytime Phone #		