

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735636

**FILED**  
**Mar 06, 2014**  
**Secretary of State**  
**CC5083829724**

**Entity Name:** DRUG FREE AMERICA FOUNDATION, INC.

**Current Principal Place of Business:**

5999 CENTRAL AVENUE  
STE 301  
SAINT PETERSBURG, FL 33710

**Current Mailing Address:**

5999 CENTRAL AVENUE  
STE 301  
SAINT PETERSBURG, FL 33710

**FEI Number:** 59-1662427

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FAY, CALVINA ED  
5999 CENTRAL AVE  
STE 301  
SAINT PETERSBURG, FL 33710 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PVC  
Name HOLTON, JAMES W ESQ.  
Address 5999 CENTRAL AVENUE  
STE 301  
City-State-Zip: SAINT PETERSBURG FL 33710

Title S  
Name SULLIVAN, IRENE H JUDGE (RET.)  
Address 5999 CENTRAL AVENUE  
STE 301  
City-State-Zip: SAINT PETERSBURG FL 33710

Title CHAIR  
Name SEMBLER, BETTY  
Address 5999 CENTRAL AVE, STE 301  
City-State-Zip: SAINT PETERSBURG FL 33710

Title LC  
Name SHAW, SEAN ESQ  
Address 5999 CENTRAL AVENUE  
STE 301  
City-State-Zip: SAINT PETERSBURG FL 33710

Title DIRECTOR  
Name KAUFFMAN, KEVIN P  
Address 5999 CENTRAL AVENUE  
STE 301  
City-State-Zip: SAINT PETERSBURG FL 33710

Title DIRECTOR  
Name LASHER, STUART F  
Address 5999 CENTRAL AVENUE  
STE 301  
City-State-Zip: SAINT PETERSBURG FL 33710

Title DIRECTOR  
Name TURNER, CARLTON E PH.D., D.SC.  
Address 5999 CENTRAL AVENUE  
STE 301  
City-State-Zip: SAINT PETERSBURG FL 33710

Title DIRECTOR  
Name SEWELL, JAMES D PH.D.  
Address 5999 CENTRAL AVE., STE. 301  
City-State-Zip: ST. PETERSBURG FL 33701

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BETTY SEMBLER

**CHAIR**

**03/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SCHMIDT, MICHAEL W  
Address 5999 CENTRAL AVE., STE. 301  
City-State-Zip: ST PETERSBURG PA 33710

Title DIRECTOR  
Name NAVARRO, ANA  
Address 5999 CENTRAL AVENUE  
STE 301  
City-State-Zip: SAINT PETERSBURG FL 33710

Title DIRECTOR  
Name BROOKS, RONALD  
Address 5999 CENTRAL AVENUE  
STE 301  
City-State-Zip: SAINT PETERSBURG FL 33710

Title DIRECTOR  
Name NEAL, PATRICK K  
Address 5999 CENTRAL AVENUE  
STE 301  
City-State-Zip: SAINT PETERSBURG FL 33710

Title TREASURER  
Name REILLY, MARY ANNE  
Address 5999 CENTRAL AVENUE  
STE 301  
City-State-Zip: SAINT PETERSBURG FL 33710

Title DIRECTOR  
Name PINSKER, SCOTT  
Address 5999 CENTRAL AVENUE  
STE 301  
City-State-Zip: SAINT PETERSBURG FL 33710