

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735636 (3)

1. Corporation Name

DRUG FREE AMERICA FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O MEL SEMBLER
5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707C/O MEL SEMBLER
5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707-17283. Date Incorporated or Qualified
04/22/19763a. Date of Last Report
06/17/19964. FEI Number
59-1662427Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOEBENBERG, WALTER P.
6529 CENTRAL AVENUE
ST. PETERSBURG FL 33710

81 Name

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

83

84 City

FL

85 Zip Code

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LOEBENBERG, WALTER P.
STREET ADDRESS 6529 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETETITLE VTD
NAME GARCIA, JOSEPH
STREET ADDRESS 101 EAST KENNEDY BLVD, 2560
CITY-ST-ZIP TAMPA FL 33602-5157 ☐ DELETETITLE CD
NAME SEMBLER, MEL
STREET ADDRESS 5858 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33707 ☐ DELETETITLE SD
NAME MCCORD, MARLENE
STREET ADDRESS 5858 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33707 ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARLENE MCCORD

Date

4/18/97

Daytime Phone # 0050330

CR2E037 (9/96)

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 735636 (3)

1. Corporation Name

DRUG FREE AMERICA FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O MEL SEMBLER
8858 CENTRAL AVENUE
ST. PETERSBURG FL 33707C/O MEL SEMBLER
8858 CENTRAL AVENUE
ST. PETERSBURG FL 33707

3. Date Incorporated or Qualified

04/22/1976

4. FEI Number

59-1662427

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes☒ No8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOEBENBERG, WALTER P.
6529 CENTRAL AVENUE
ST. PETERSBURG FL 33710

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

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	LOEBENBERG, WALTER P.	
STREET ADDRESS	6529 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GARCIA, JOSEPH	
STREET ADDRESS	101 EAST KENNEDY BLVD, 2580	
CITY-ST-ZIP	TAMPA FL 33602-5157	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SEMBLER, MEL	
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCORD, MARLENE	
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marlene McCord
Sgt. Director

Date

4/26/98

Daytime Phone # 0081171


813-
384-6000

CR2087 (10/97)

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90200 046 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 735636

1. Corporation Name

DRUG FREE AMERICA FOUNDATION, INC.

Principal Place of Business

C/O MEL SEMBLER
5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707

Mailing Address

C/O MEL SEMBLER
5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 504 Pasadena Avenue S. Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/22/1976
22 c/o Mel Sembler	27 City & State	4. FEI Number
23 St. Petersburg, FL	28 City & State	59-1662427
24 33707	29 Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25 Country	30 Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LOEBENBERG, WALTER P.
6529 CENTRAL AVENUE
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEBENBERG, WALTER P.	1.2 NAME	
STREET ADDRESS	6529 CENTRAL AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JOSEPH	2.2 NAME	
STREET ADDRESS	101 EAST KENNEDY BLVD, 2560	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602-5157	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMBLER, MEL	3.2 NAME	
STREET ADDRESS	5858 CENTRAL AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORD, MARLENE	4.2 NAME	
STREET ADDRESS	5858 CENTRAL AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marlene McCord

Date

Daytime Phone #

727-384-6000

CR2E037 (11/98)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735636

1. Entity Name

DRUG FREE AMERICA FOUNDATION, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90073 002 *****70.00

Principal Place of Business

Mailing Address

504 PASADENA AVE S
C/O MEL SEMBLER
ST. PETERSBURG FL 33707

C/O MEL SEMBLER
5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707-1728



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1662427

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOEBENBERG, WALTER P.
6529 CENTRAL AVENUE
ST. PETERSBURG FL 33710

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	LOEBENBERG, WALTER P.	6529 CENTRAL AVENUE	ST. PETERSBURG FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VTD	GARCIA, JOSEPH	101 EAST KENNEDY BLVD, 2560	TAMPA FL 33602-5157	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CD	SEMBLER, MEL	5858 CENTRAL AVENUE	ST. PETERSBURG FL 33707	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	MCCORD, MARLENE	5858 CENTRAL AVENUE	ST. PETERSBURG FL 33707	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 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:

Marlene McCord
Marlene McCord
Secretary / Director

Date

Daytime Phone

729 / 384-6000

X3006

CR2E037 (9/99)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735636

1. Entity Name

DRUG FREE AMERICA FOUNDATION, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90196 009 *****61.25

Principal Place of Business

Mailing Address

504 PASADENA AVE S
C/O MEL SEMBLER
ST. PETERSBURG FL 33707

C/O MEL SEMBLER
5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1662427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOEBENBERG, WALTER P.
6529 CENTRAL AVENUE
ST. PETERSBURG FL 33710

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GARCIA, JOSEPH 101 EAST KENNEDY BLVD, 2560 TAMPA FL 33602-5157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SEMBLER, MEL 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCORD, MARLENE 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

12. 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 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

Date

Daytime Phone #

CR2ED37 (10/00)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735636

1. Entity Name

DRUG FREE AMERICA FOUNDATION, INC.

Principal Place of Business

Mailing Address

504 PASADENA AVE S
C/O MEL SEMBLER
ST. PETERSBURG FL 33707

C/O MEL SEMBLER
5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707

2. Principal Place of Business

600 1st Avenue North

Suite, Apt. #, etc.

Suite 302

City & State

St. Petersburg, FL

Zip

33701

Country

Pinellas

3. Mailing Address

600 1st Avenue North

Suite, Apt. #, etc.

Suite 302

City & State

St. Petersburg, FL

Zip

33701

Country

Pinellas

02-05-2002 90015038 ***61.25

02 FEB 26 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/5/02 90015038 1/6/25

4. FEI Number 59-1662427 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

LOEBENBERG, WALTER P.
6529 CENTRAL AVENUE
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name
~~Drug Free America Foundation, Inc.~~
Street Address (P.O. Box Number is Not Acceptable)
~~600 1st Avenue North~~
~~Suite 302~~
City
~~St. Petersburg~~ FL Zip Code
~~33701~~

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.

SIGNATURE *Walter Loebenberg* 1-12-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOEBENBERG, WALTER P.
STREET ADDRESS 6529 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE VTD
NAME GARCIA, JOSEPH
STREET ADDRESS 101 EAST KENNEDY BLVD, 2560
CITY-ST-ZIP TAMPA FL 33602-5157 ☐ Delete

TITLE CD
NAME SEMBLER, MEL
STREET ADDRESS 5858 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33707 ☒ Delete

TITLE SD
NAME MCCORD, MARLENE
STREET ADDRESS 5858 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33707 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD
NAME SEMBLER, BETTY
STREET ADDRESS 600 1st Avenue North, Suite 302
CITY-ST-ZIP St. Petersburg, FL 33701 ☐ Change ☒ Addition

TITLE Legal Counsel/VCD
NAME SNYDER, D. JAY, ESQUIRE
STREET ADDRESS 6529 Central Avenue
CITY-ST-ZIP St. Petersburg, FL 33710 ☐ Change ☒ Addition

TITLE D
NAME HOLTON, JAMES W., ESQUIRE
STREET ADDRESS 14501 Gulf Boulevard
CITY-ST-ZIP Maderia Beach, FL 33708 ☐ Change ☒ Addition

TITLE D
NAME LASHER, STUART G.
STREET ADDRESS 339 South Plant Avenue
CITY-ST-ZIP Tampa, FL 33606 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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: *Calvin L. Fay* SIGNATURE REQUIRED

CALVIN L. FAY

1-17-02 727/828-0244

CR2007 (9/01)

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90136 033 ****61.25

DOCUMENT # 735636

1. Entity Name
DRUG FREE AMERICA FOUNDATION, INC.



Principal Place of Business
**600 1ST AVENUE NORTH
SUITE 302
ST. PETERSBURG FL 33707**

Mailing Address
**600 1ST AVENUE NORTH
SUITE 302
ST. PETERSBURG FL 33707**

2. Principal Place of Business
600 1st Avenue North
Suite, Apt. #, etc.
Suite 302

3. Mailing Address
600 1st Avenue North
Suite, Apt. #, etc.
Suite 302

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33701

Country
Pinellas

Zip
33701

Country
Pinellas



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1662427**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOEBENBERG, WALTER P.
6529 CENTRAL AVENUE
ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOEBENBERG, WALTER P.	
STREET ADDRESS	6529 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GARCIA, JOSEPH	
STREET ADDRESS	101 EAST KENNEDY BLVD, 2560	
CITY-ST-ZIP	TAMPA FL 33602-5157	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SEMBLER, BETTY	
STREET ADDRESS	600 1ST AVENUE NORTH, STE 302	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	LCVD	<input type="checkbox"/> Delete
NAME	SNYDER, D. JAY ESQ.	
STREET ADDRESS	6529 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLTON, JAMES W ESQ.	
STREET ADDRESS	14501 GULF BLVD.	
CITY-ST-ZIP	MADERIA BEACH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	LASHER, STUART F	
STREET ADDRESS	339 SOUTH PLANT AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fay, Calvina L.	
STREET ADDRESS	600 1st Avenue North, Ste. #302	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/03 (727)828-0211

Date

Daytime Phone #

CR2E037 (10/02)

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**FILED**
Jan 28, 2004
Secretary of State**DOCUMENT# 735636****Entity Name:** DRUG FREE AMERICA FOUNDATION, INC.**Current Principal Place of Business:**600 1ST AVENUE NORTH
SUITE 302
SAINT PETERSBURG, FL 33701**New Principal Place of Business:****Current Mailing Address:**600 1ST AVENUE NORTH
SUITE 302
SAINT PETERSBURG, FL 33701**New Mailing Address:****FBI Number:** 59-1662427**FBI Number Applied For ()****FBI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOEBENBERG, WALTER P.
6529 CENTRAL AVENUE
ST. PETERSBURG, FL 33710 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: LOEBENBERG, WALTER P.,
Address: 6529 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL**Title:** VTD () Delete
Name: GARCIA, JOSEPH
Address: 101 EAST KENNEDY BLVD, 2560
City-St-Zip: TAMPA, FL 336025157**Title:** CD () Delete
Name: SEMBLER, BETTY
Address: 600 1ST AVENUE NORTH, STE 302
City-St-Zip: ST. PETERSBURG, FL 33707**Title:** LCVD () Delete
Name: SNYDER, D. JAY ESQ.
Address: 6529 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33710**Title:** D () Delete
Name: HOLTON, JAMES W ESQ.
Address: 14501 GULF BLVD.
City-St-Zip: MADERIA BEACH, FL 33708**Title:** D () Delete
Name: LASHER, STUART F
Address: 339 SOUTH PLANT AVENUE
City-St-Zip: TAMPA, FL 33606**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CALVINA FAY

ED

01/28/2004

Electronic Signature of Signing Officer or Director

Date

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**FILED**
Jan 06, 2005
Secretary of State**DOCUMENT# 735636****Entity Name:** DRUG FREE AMERICA FOUNDATION, INC.**Current Principal Place of Business:**2600 9TH ST NORTH SUITE 200
SAINT PETERSBURG, FL 33704**New Principal Place of Business:**2600 9TH ST NORTH
SUITE 200
SAINT PETERSBURG, FL 33704**Current Mailing Address:**PO BOX 11298
ST PETERSBURG, FL 33733**New Mailing Address:**2600 9TH ST NORTH
SUITE 200
ST PETERSBURG, FL 33704**FEI Number:** 59-1662427**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOEBENBERG, WALTER P.
6529 CENTRAL AVENUE
ST. PETERSBURG, FL 33710 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOEBENBERG, WALTER P.,
Address: 6529 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL

Title: VTD () Delete
Name: GARCIA, JOSEPH
Address: 101 EAST KENNEDY BLVD, 2560
City-St-Zip: TAMPA, FL 336025157

Title: CD () Delete
Name: SEMBLER, BETTY
Address: 600 1ST AVENUE NORTH, STE 302
City-St-Zip: ST. PETERSBURG, FL 33707

Title: LCVD () Delete
Name: SNYDER, D. JAY ESQ.
Address: 6529 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D () Delete
Name: HOLTON, JAMES W ESQ.
Address: 14501 GULF BLVD.
City-St-Zip: MADERIA BEACH, FL 33708

Title: D () Delete
Name: LASHER, STUART F
Address: 339 SOUTH PLANT AVENUE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: SEMBLER, BETTY
Address: 2600 9TH ST NORTH, SUITE 200
City-St-Zip: ST. PETERSBURG, FL 33704

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WALTER P. LOEBENBERG

PD

01/06/2005

Electronic Signature of Signing Officer or Director

Date

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90229 049 ****61.25

60001760



DOCUMENT # 735636 1. Entity Name DRUG FREE AMERICA FOUNDATION, INC.						
Principal Place of Business 2600 9TH ST NORTH SUITE 200 SAINT PETERSBURG, FL 33704			Mailing Address 2600 9TH ST NORTH SUITE 200 ST PETERSBURG, FL 33704			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
				Country		
6. Name and Address of Current Registered Agent LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710	
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GARCIA, JOSEPH 101 EAST KENNEDY BLVD, 2560 TAMPA, FL 336025157	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GARCIA, JOSEPH 101 EAST KENNEDY BLVD, 2700 TAMPA, FL 33602-5157	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SEMBLER, BETTY 2600 9TH ST NORTH, SUITE 200 ST. PETERSBURG, FL 33704	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED FAY, CALVINA L. 2600 9th ST NORTH, SUITE 200 ST. PETERSBURG, FL 33704	
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LCVD SNYDER, D. JAY ESQ. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEWELL, JAMES D. 301 SECOND ST NORTH, #4 ST. PETERSBURG, FL 33701	
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTON, JAMES W ESQ. 14501 GULF BLVD. MADERIA BEACH, FL 33708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTON, JAMES W. ESQ 150 153rd AVENUE, SUITE 205 MADEIRA BEACH, FL 33708	
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASHER, STUART F 339 SOUTH PLANT AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASHER, STUART F. 140 FOUNTAIN PARKWAY, SUITE 420 ST. PETERSBURG, FL 33716	
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Walter P. Loebenberg</u>					01/10/06 727-347-8900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90027 034 *****61.25

50000841



DOCUMENT # 735636 1. Entity Name DRUG FREE AMERICA FOUNDATION, INC.					
Principal Place of Business 2600 9TH ST NORTH SUITE 200 SAINT PETERSBURG, FL 33704			Mailing Address 2600 9TH ST NORTH SUITE 200 ST PETERSBURG, FL 33704		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01162007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1662427 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOEBENBERG, WALTER P 6529 CENTRAL AVENUE ST. PETERSBURG, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD GARCIA, JOSEPH 101 E KENNEDY BLVD, 2700 TAMPA, FL 336025157	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SEMBLER, BETTY 2600 9TH ST NORTH, SUITE 200 ST. PETERSBURG, FL 33704	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LCVD SNYDER, D. JAY ESQ. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLTON, ESQ, JAMES W 150 153RD AVE, STE 205 MADEIRA BEACH, FL 33708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LASHER, STUART F 140 FOUNTAIN PARKWAY, STE 420 SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Walter P. Loebenberg</u> Walter P. Loebenberg 01/16/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



**Drug Free
AMERICA**

Foundation, Inc.

ATTACHMENT

50000841
#735636

BOARD OF DIRECTORS

Chair

Betty S. Sembler
2600 9th Street North
Suite 200
St. Petersburg, FL 33704

Secretary

Joseph Garcia, Esquire
101 East Kennedy Boulevard
Suite 2700
Tampa, FL 33602

Legal Counsel / Vice Chair

D. Jay Snyder, Esquire
6529 Central Avenue
St. Petersburg, FL 33710

Director

William S. Jacobs, Jr., M.D.
3947 Salisbury Road
Jacksonville, FL 32216

Director

Andrew Thomas
301 West Jefferson
Suite 800
Phoenix, AZ 85003

President / Vice Chair

Walter P. Loebenberg
US Enterprises, Inc.
6529 Central Avenue
St. Petersburg, FL 33710

Treasurer

Stuart Lasher
Quantum Capitol
140 Fountain Parkway
Suite 420
St. Petersburg, FL 33716

Director

James W. Holton, Esquire
150 153rd Avenue
Suite 205
Madiera Beach, FL 33708

Director

James D. Sewell, Ph.D.
301 Second Street North
#4
St. Petersburg, FL 33701




Executive Director

Calvina L. Fay
2600 9th Street North
Suite 200
St. Petersburg, FL 33704

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90066 017 ****61.25

DOCUMENT # 735636 1. Entity Name DRUG FREE AMERICA FOUNDATION, INC.					
Principal Place of Business 2600 9TH ST NORTH SUITE 200 SAINT PETERSBURG, FL 33704			Mailing Address 2600 9TH ST NORTH SUITE 200 ST PETERSBURG, FL 33704		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40001810</div>  <div style="margin-top: 10px;"> 01042008 Chg-NP CR2E037 (12/06) </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1662427				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOEBENBERG, WALTER P 6529 CENTRAL AVENUE ST. PETERSBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GARCIA, JOSEPH 101 E KENNEDY BLVD. 2700 TAMPA, FL 336025157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SEMBLER, BETTY 2600 9TH ST NORTH, SUITE 200 ST. PETERSBURG, FL 33704	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LCVD SNYDER, D. JAY ESQ. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTON, ESQ, JAMES W 150 153RD AVE, STE 205 MADEIRA BEACH, FL 33708	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASHER, STUART F 140 FOUNTAIN PARKWAY, STE 420 SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD/VC LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, JOSEPH 101 E KENNEDY BLVD, 2700 TAMPA, FL 33602 5157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, WILLIAM S., JR., M.D. 3947 SALISBURY ROAD JACKSONVILLE, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LC/VC SNYDER, D. JAY ESQ. 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFFMAN, KEVIN P. 1675 BROADWAY, 26th FLOOR DENVER, CO 80202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LASHER, STUART F. 140 FOUNTAIN PARKWAY, STE 420 ST. PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Walter P. Loebenberg 777-347-8900		01/07/08 Daytime Phone #	

** See attached list for additional officers/directors.



**Drug Free
AMERICA**
Foundation, Inc.

ATTACHMENT

40001810
#735636

BOARD OF DIRECTORS

Chair

Betty S. Sembler
2600 9th Street North
Suite 200
St. Petersburg, FL 33704

Treasurer

Stuart G. Lasher
Quantum Capitol
140 Fountain Parkway
Suite 420
St. Petersburg, FL 33716

Legal Counsel / Vice Chair

D. Jay Snyder, Esquire
6529 Central Avenue
St. Petersburg, FL 33710

Director

William S. Jacobs, Jr., M.D.
3947 Salisbury Road
Jacksonville, FL 32216

Director

Kevin P. Kauffman
1675 Broadway
26th Floor
Denver, CO 80202

Executive Director

Calvina L. Fay
2600 9th Street North
Suite 200
St. Petersburg, FL 33704

President / Vice Chair

Walter P. Loebenberg
US Enterprises, Inc.
6529 Central Avenue
St. Petersburg, FL 33710

Secretary

Joseph Garcia, Esquire
101 East Kennedy Boulevard
Suite 2700
Tampa, FL 33602

Director

James W. Holton, Esquire
150 153rd Avenue
Suite 205
Madiera Beach, FL 33708

Director

James D. Sewell, Ph.D.
301 Second Street North
#4
St. Petersburg, FL 33701

Director

Alejandro Vassilaqui
Roca Y Bolona 271, San Antonio
Lima, Peru

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**FILED
Mar 02, 2009
Secretary of State****DOCUMENT# 735636****Entity Name:** DRUG FREE AMERICA FOUNDATION, INC.**Current Principal Place of Business:**2600 9TH ST NORTH
SUITE 200
SAINT PETERSBURG, FL 33704**New Principal Place of Business:**5999 CENTRAL AVE
STE 301
SAINT PETERSBURG, FL 33710**Current Mailing Address:**2600 9TH ST NORTH
SUITE 200
ST PETERSBURG, FL 33704**New Mailing Address:**5999 CENTRAL AVE
STE 301
SAINT PETERSBURG, FL 33710**FEI Number:** 59-1662427**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOEBENBERG, WALTER P.
6529 CENTRAL AVENUE
ST. PETERSBURG, FL 33710 US**Name and Address of New 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: CALVINA FAY

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PDVC () Delete
Name: LOEBENBERG, WALTER P
Address: 6529 CENTRAL AVENUE
City-St-Zip: SAINT PETERSBURG, FL 33710**Title:** S () Delete
Name: GARCIA, JOSEPH
Address: 101 E KENNEDY BLVD, 2700
City-St-Zip: TAMPA, FL 336025157**Title:** CD () Delete
Name: SEMBLER, BETTY
Address: 2600 9TH ST NORTH, SUITE 200
City-St-Zip: ST. PETERSBURG, FL 33704**Title:** LCVD () Delete
Name: SNYDER, D. JAY ESQ
Address: 6529 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33710**Title:** D () Delete
Name: HOLTON, ESQ, JAMES W
Address: 150 153RD AVE, STE 205
City-St-Zip: MADEIRA BEACH, FL 33708**Title:** T () Delete
Name: LASHER, STUART F
Address: 140 FOUNTAIN PARKWAY, STE 420
City-St-Zip: SAINT PETERSBURG, FL 33716**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PVC (X) Change () Addition
Name: LOEBENBERG, WALTER P
Address: 6529 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33710**Title:** S (X) Change () Addition
Name: GARCIA, JOSEPH ESQ
Address: 101 E KENNEDY BLVD, STE 2700
City-St-Zip: TAMPA, FL 336025157**Title:** CD (X) Change () Addition
Name: SEMBLER, BETTY
Address: 5999 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33710**Title:** LCVC (X) Change () Addition
Name: SNYDER, D. JAY ESQ
Address: 6529 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33710**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CALVINA FAY

ED

03/02/2009

Electronic Signature of Signing Officer or Director

Date



735636

Board of Directors**Chair**

Betsy Sandler

President / Vice Chair

Walter Lockenberg

Treasurer

Sharon D. Linder

Secretary

Joseph Garcia, Esq.

Legal Counsel / Vice Chair

D. Jay Smyler, Esq.

James W. Wilson, Esq.

William S. Jacobs, Jr., M.D.

James D. Sewell, Ph.D.

Kevin P. Kauffman

Alejandro Vassilaqui

John Stross

Board Chair Emeritus

Ambassador Mel Sembler

Goodwill Ambassadors

Venice Mula

Advisory Board

Mayor Richard M. Baker

Malcolm K. Deyes, Jr.

Columba Bush

Governor Jeb Bush

Robert L. Dufont, M.D.

Mary Evans

T. Martin Fiorandino, Jr., Esq.

James Gills, M.D.

Alfred Hoffman, Jr.

Susan Leavitt

Ambassador Mervyn Leventy

Daniel Lungen, Esq.

Christy McCampbell

H. Lee Moffitt, Esq.

Lt. Governor Rick Owen

Steven A. Raymond

Darryl Edwin Rosen, Esq.

Kevin Seiber, Ph.D.

Karen P. Tandy

Andrew T. Thomas, Esq.

Ronald Weaver, Esq.

Special Advisors

Erna Aschbach, M.D.

David G. Evans, Esq.

David A. Gross, M.D.

Stephanie Maynes

Rick Voth, M.D.

Executive Director

Calvin L. Fay

March 2, 2009**2009 Not-For-Profit Corporation Annual Report****Entity Name: Drug Free America Foundation, Inc.****Document Number: 735636****Date of Electronic Filing: March 2, 2009****Additional Board of Directors****Director****William S. Jacobs, Jr., M.D.****3947 Salisbury Road****Jacksonville, FL 32216****Director****Kevin P. Kauffman****1675 Broadway****26th Floor****Denver, CO 80202****Director****John Stross****54 Corey Avenue****St. Petersburg Beach, FL 33706****Director****James D. Sewell, Ph.D.****301 Second Street North****#4****St. Petersburg, FL 33701****Director****Alejandro Vassilaqui****Roca Y Bolona 271, San Antonio****Lima, Peru****Executive Director****Calvin Fay****5999 Central Avenue****Suite 301****St. Petersburg, FL 33710**

J2. 3/2/09

5999 Central Avenue, Suite 301 • St. Petersburg, FL 33710
Phone: 727-828-0211 • Fax: 727-828-0212 • www.dfaf.org

In Special Consultative Status with the Economic and Social Council of the United Nations

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**FILED**
Feb 05, 2010
Secretary of State**DOCUMENT# 735636****Entity Name:** DRUG FREE AMERICA FOUNDATION, INC.**Current Principal Place of Business:**5999 CENTRAL AVENUE
STE 301
SAINT PETERSBURG, FL 33710**New Principal Place of Business:****Current Mailing Address:**5999 CENTRAL AVENUE
STE 301
SAINT PETERSBURG, FL 33710**New Mailing Address:****FEI Number:** 58-1662427**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FAY, CALVINA ED
5999 CENTRAL AVE
STE 301
SAINT PETERSBURG, FL 33710 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:****Title:** PVC
Name: LOEBENBERG, WALTER P
Address: 6529 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33710**Title:** S
Name: GARCIA, JOSEPH ESQ
Address: 101 E KENNEDY BLVD, STE 2700
City-St-Zip: TAMPA, FL 336025157**Title:** CD
Name: SEMBLER, BETTY
Address: 5999 CENTRAL AVE, STE 301
City-St-Zip: SAINT PETERSBURG, FL 33710**Title:** LCVC
Name: SNYDER, D. JAY ESQ
Address: 6529 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33710**Title:** D
Name: HOLTON, ESQ, JAMES W
Address: 150 153RD AVE, STE 203
City-St-Zip: MADEIRA BEACH, FL 33708**Title:** T
Name: LASHER, STUART F
Address: 140 FOUNTAIN PARKWAY, STE 420
City-St-Zip: SAINT PETERSBURG, FL 33716

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: CALVINA FAY

ED

02/05/2010

Electronic Signature of Signing Officer or Director_____
Date



**Drug Free
AMERICA**
Foundation, Inc.

2010 AIR Attachment

Filed 2/5/10

Doc # 735636

Board of Directors

Chair
Betsy Sembler
President/Vice Chair
Walter Leebenberg
Treasurer
Sharon G. Luber
Secretary
Joseph Garcia, Esq.
Legal Counsel/Vice Chair
D. Jay Singlet, Esq.
James W. Holton, Esq.
William S. Jacobs, Jr., M.D.
Helen D. Swick, Ph.D.
Kevin P. Kauffman
Alejandro Vasquez
John Stross

Board Chair Emeritus
Ambassador Mel Sembler

Goodwill Ambassador
Vivian Mohr

Advisory Board
Meyor Richard M. Baker
Matsuko K. Bayar, Jr.
Columba Bush
Governor Jeb Bush
Robert L. DuPont, M.D.
Mary Evans
T. Martin Flanagan, Jr., Esq.
James Gille, M.D.
Alfred Hoffman, Jr.
Susan Laveola
Ambassador Melvyn Leventhal
Daniel Longren, Esq.
Christy McCampbell
H. Lee Muller, Esq.
Lt. Governor Brad Owen
Steven A. Raymond
Darryl Brown Scaudo, Esq.
Kevin Sabat, Ph.D.
Robert B. Tandy
Andrew E. Thomas, Esq.
Ronald Waters, Esq.

Special Advisors
Emmet Aschbach, M.D.
David G. Evans, Esq.
David A. Gross, M.D.
Stephanie Haysom
Eric Voth, M.D.

Executive Director
Calvin L. Fay

February 5, 2010

2010 Not-For-Profit Corporation Annual Report
Entity Name: Drug Free America Foundation, Inc.
Document Number: 735636
Date of Electronic Filing: February 5, 2010

Additional Board of Directors for 2010

Director
William S. Jacobs, Jr., M.D.
450-106 State Road 13 North
#304
Jacksonville, FL 32259-3863

Director
Kevin P. Kauffman
1675 Broadway
Suite 2800
Denver, CO 80202-4628

Executive Director
Calvin Fay
5999 Central Avenue
Suite 301
St. Petersburg, FL 33710

Director
James D. Sewell, Ph.D.
301 Second Street North
#4
St. Petersburg, FL 33701

Director
John E. Stross
3010 82nd Way North
St. Petersburg, FL 33710

5999 Central Avenue, Suite 301 • St. Petersburg, FL 33710
Phone: 727-828-0211 • Fax: 727-828-0212 • www.dfaf.org

In Special Consultative Status with the Economic and Social Council of the United Nations