FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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Events

DRUG FREE AMERICA FOUNDATION, INC.

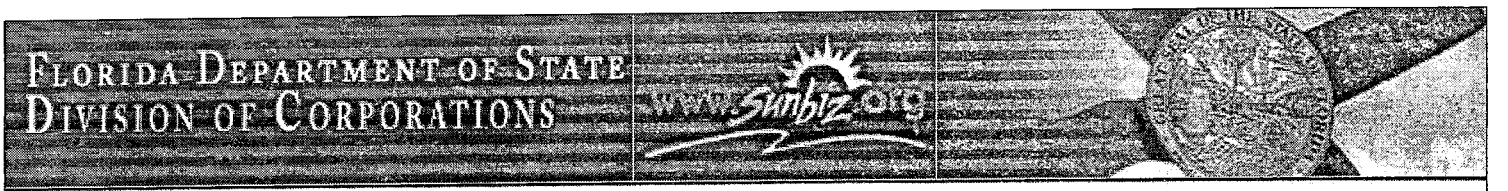
Document Number	735636
Date Filed	04/22/1976
Effective Date	None
Status	Active

Event Type	Filed Date	Effective Date	Description
NAME CHANGE AMENDMENT	12/05/1995		OLD NAME WAS : THE STRAIGHT FOUNDATION, INC.
REINSTATEMENT	03/31/1992		
INVOLUNTARILY DISSOLVED	10/13/1989		
AMENDMENT	12/24/1986		
NAME CHANGE AMENDMENT	09/26/1985		OLD NAME WAS : STRAIGHT, INC.

Note: This is not official record. See documents if question or conflict.

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Events

DRUG FREE AMERICA FOUNDATION, INC.

Document Number	735636
Date Filed	04/22/1976
Effective Date	None
Status	Active

Event Type	Filed Date	Effective Date	Description
NAME CHANGE AMENDMENT	12/05/1995		OLD NAME WAS : THE STRAIGHT FOUNDATION, INC.
NAME CHANGE AMENDMENT	09/26/1985		OLD NAME WAS : STRAIGHT, INC.

Note: This is not official record. See documents if question or conflict.

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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Events No Name History Submit

Detail by Entity Name

Florida Non Profit Corporation

STRAIGHT, INC.

Filing Information

Document Number	N11318
FEI/EIN Number	592576433
Date Filed	09/26/1985
State	FL
Status	INACTIVE
Last Event	ADMIN DISSOLUTION FOR ANNUAL REPORT
Event Date Filed	08/26/1994
Event Effective Date	NONE

Principal Address

3001 GANDY BLVD.
ST. PETERSBURG FL 33702

Mailing Address

3001 GANDY BLVD.
ST. PETERSBURG FL 33702

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324 US

Registered Agent Resigned: 05/22/1995

Officer/Director Detail

Name & Address

Title VSTD

CARR, ELLIOTT L.
296 MIRROR LAKE DR.
ST. PETERSBURG FL

Title VD

SELLERS, LEON H., JR.
3001 GANDY BLVD.
ST. PETERSBURG FL

Title PD

PENNINGTON, WESLEY
442 RAYMOND AVE.
LONGWOOD FL

Annual Reports

Report Year	Filed Date
1991	04/17/1991
1992	02/08/1993
1993	02/08/1993

Document Images

No images are available for this filing.

Note: This is not official record. See documents if question or conflict.

Previous on List Next on List Return To List Entity Name Search

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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Events Name History

Detail by Entity Name

Florida Non Profit Corporation

DRUG FREE AMERICA FOUNDATION, INC.

Filing Information

Document Number	735636
FEI/EIN Number	591662427
Date Filed	04/22/1976
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	12/05/1995
Event Effective Date	NONE

Principal Address

5999 CENTRAL AVENUE
STE 301
SAINT PETERSBURG FL 33710

Changed 02/05/2010

Mailing Address

5999 CENTRAL AVENUE
STE 301
SAINT PETERSBURG FL 33710

Changed 02/05/2010

Registered Agent Name & Address

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

Name Changed: 03/02/2009

Address Changed: 03/02/2009

Officer/Director Detail

Name & Address

Title PVC

LOEBENBERG, WALTER P
6529 CENTRAL AVE
SAINT PETERSBURG FL 33710

Title S

GARCIA, JOSEPH ESQ
101 E KENNEDY BLVD, STE 2700
TAMPA FL 33602-5157

Title CD

SEMBLER, BETTY
5999 CENTRAL AVE, STE 301
SAINT PETERSBURG FL 33710

Title LCVC

SNYDER, D. JAY ESQ
6529 CENTRAL AVE
SAINT PETERSBURG FL 33710

Title D

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00 4-19-95 B- 3924 - XC

APPROVED AND FILED

95 APR 19 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735636 (3)

1. Corporation Name
THE STRAIGHT FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O WALTER P. LOBENBERG 6529 CENTRAL AVENUE ST. PETERSBURG FL 33710	C/O WALTER P. LOBENBERG 6529 CENTRAL AVENUE ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified: 04/22/1976
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1662427 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LOBENBERG, WALTER P.	12 NAME	
STREET ADDRESS	6529 CENTRAL AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GARCIA, JOSEPH	22 NAME	
STREET ADDRESS	101 EAST KENNEDY BL,2560	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, DONALD	32 NAME	
STREET ADDRESS	4000 PARK STREET, NORTH	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/12/95 (813) 222-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joseph Garcia, V.P. + Dir

0004053

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 JUN 17 AM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735636 **(3)**

1. Corporation Name

~~THE STRAIGHT FOUNDATION, INC.~~

Drug Free America Foundation, Inc.

Principal Place of Business	Mailing Address
C/O WALTER P. LOBENBERG 6529 CENTRAL AVENUE ST. PETERSBURG FL 33710	C/O WALTER P. LOBENBERG 6529 CENTRAL AVENUE ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified: 04/22/1976
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business
21 c/o Mel Sembler
Suite, Apt. #, etc.
22 5858 Central Avenue
City & State
23 St. Petersburg, FL
Zip 24 33707 Country 25 USA

2a. Mailing Address
26 c/o Mel Sembler
Suite, Apt. #, etc.
27 5858 Central Avenue
City & State
28 St. Petersburg, FL
Zip 29 33707 Country 30 USA

4. FEI Number: 59-1662427 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	V/T/D Joseph Garcia 101 East Kennedy Blvd, 2560 Tampa, FL 33602-5157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GARCIA, JOSEPH 101 EAST KENNEDY BL,2560 TAMPA FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	C/D Mel Sembler 5858 Central Avenue St. Petersburg, FL 33707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, DONALD 4000 PARK STREET, NORTH ST. PETERSBURG FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S/D Marlene McCord 5858 Central Avenue St. Petersburg, FL 33707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	100001868561 -06/20/96--01014--001 *****70.00 *****70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	A.D. 6-17-96	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Marlene McCord 813-384-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0057542