

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 APR 20 PM 12: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N20734 (2)**  
1. Corporation Name  
**DRUG PREVENTION RESOURCE CENTER, INC.**

Principal Place of Business Mailing Address  
**1835 N. CRYSTAL LAKE DRIVE  
LAKELAND FL 33801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/20/1987</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2844663</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent  
**KIEFFER, OPHELIA (F)  
1835 N. CRYSTAL LAKE DRIVE  
LAKELAND FL 33801**

10. Name and Address of New Registered Agent  
81 Name  
**Sheila Huffman Dailey**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1835 N. Crystal Lake Drive**  
83 City, State, Zip  
**Lakeland, FL 33801**  
84 City, State, Zip Code  
**FL**

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 **Sheila Huffman Dailey, Exec. Dir** DATE **3/3/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>PO</b>	NAME <b>STONE KAY C.</b>
STREET ADDRESS <b>2240 BANANA RD</b>	CITY-STATE-ZIP <b>LAKELAND FL</b>
TITLE <b>PO</b>	NAME <b>POSS CHARLES "CHUCK" T</b>
STREET ADDRESS <b>5328 CLONDEL EAST</b>	CITY-STATE-ZIP <b>LAKELAND FL</b>
TITLE <b>VP</b>	NAME <b>WALL SHERRI</b>
STREET ADDRESS <b>5062 HANOVER LAKE</b>	CITY-STATE-ZIP <b>LAKELAND FL</b>
TITLE <b>VP</b>	NAME <b>MARTINEZ JILL A</b>
STREET ADDRESS <b>P O BOX 7231</b>	CITY-STATE-ZIP <b>LAKELAND FL</b>
TITLE <b>VP</b>	NAME <b>WALL SHERRI</b>
STREET ADDRESS <b>5062 HANOVER LAKE</b>	CITY-STATE-ZIP <b>LAKELAND FL</b>
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>President - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>JAMES PRATT</b>	
1.3 STREET ADDRESS <b>219 N. Massachusetts Ave</b>	
1.4 CITY-STATE-ZIP <b>Lakeland, FL 33801</b>	
2.1 TITLE <b>First Vice President - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Jill martinez</b>	
2.3 STREET ADDRESS <b>PO Box 7231 - NA</b>	
2.4 CITY-STATE-ZIP <b>Lakeland, FL 33807-7231</b>	
3.1 TITLE <b>2nd Vice President - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>J. William Herchig</b>	
3.3 STREET ADDRESS <b>1831 N. Crystal Lake Dr</b>	
3.4 CITY-STATE-ZIP <b>Lakeland, FL 33801</b>	
4.1 TITLE <b>Secretary - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Tracey Carter</b>	
4.3 STREET ADDRESS <b>2262 Parkland Loop N.</b>	
4.4 CITY-STATE-ZIP <b>Lakeland, FL 33811</b>	
5.1 TITLE <b>Treasurer - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>Phil Dunne</b>	
5.3 STREET ADDRESS <b>1839 Pinnacle Dr</b>	
5.4 CITY-STATE-ZIP <b>Lakeland, FL 33813</b>	
6.1 TITLE <b>Immed. Past Pres - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>Kay Stone</b>	
6.3 STREET ADDRESS <b>2240 Banana Rd</b>	
6.4 CITY-STATE-ZIP <b>Lakeland, FL 33805</b>	

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 110.07(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: **Sheila Huffman Dailey** DATE **3/1/95** DAYTIME PHONE # **813/665-8582**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR