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

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	1835 N. CRYSTAL LAKE DRIVE LAKELAND FL 33801

3. Date Incorporated or Qualified: **05/20/1987**
3a. Date of Last Report: **04/20/1995**

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

4. FEI Number: **59-2844663** ☐ 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

HUFFMAN-DAILEY, SHEILA
1835 N CRYSTAL LAKE DRIVE
LAKELAND FL 33801

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: Sheila J. Huffman-Dailey — 1/31/96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when certain filing. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PPD	☒ Change ☐ Addition
NAME	PRATT, JAMES		1.2 NAME	PRATT	
STREET ADDRESS	219 MASSACHUSETTS AVE		1.3 STREET ADDRESS	219 N MASSACHUSETTS AVENUE	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	FVPD	☒ DELETE	2.1 TITLE	FVPD	☐ Change ☒ Addition
NAME	MARTINEZ, JILL		2.2 NAME	ED GOODEMOTE	
STREET ADDRESS	P O BOX 7231-N/A		2.3 STREET ADDRESS	P O BOX 95448	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	LAKELAND FL 33804	
TITLE	SVPD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	HERCHIG, J. W		3.2 NAME	HERCHIG, J. W.	
STREET ADDRESS	1831 N CRYSTAL LAKE DR		3.3 STREET ADDRESS	1831 N CRYSTAL LAKE DRIVE	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, TRACEY		4.2 NAME		
STREET ADDRESS	2262 PARKLAND LOOP N		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUNNE, PHILL		5.2 NAME		
STREET ADDRESS	1839 PINNACLE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP		
TITLE	PPD	☒ DELETE	6.1 TITLE	SVPD	☐ Change ☒ Addition
NAME	STONE, KAY		6.2 NAME	D'BRIEN, MARTI	
STREET ADDRESS	2240 BANANA RD		6.3 STREET ADDRESS	1546 LAGOON ROAD	
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP	LAKELAND FL 33803	

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: Sheila J. Huffman-Dailey — 1/31/96 — 941-665-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sheila J. Huffman-Dailey — Exec. Director
Typed or printed name and title of officer or director

CR2E037 (12/95)