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Jan 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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  
1835 N. CRYSTAL LAKE DRIVE  
LAKELAND FL 33801

Mailing Address  
1835 N. CRYSTAL LAKE DRIVE  
LAKELAND FL 33801-5902

3. Date Incorporated or Qualified  
05/20/1987

3a. Date of Last Report  
02/07/1996

2. Principal Place of Business

21 1415 Commercial Park Drive  
Suite, Apt. #, etc.

2a. Mailing Address

26 1415 Commercial Park Drive  
Suite, Apt. #, etc.

4. FEI Number  
59-2844663

Applied For  
Not Applicable

22 City & State

23 LAKELAND FL

27 City & State

28 LAKELAND FL

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 33801 25 POLK

29 33801 30 POLK

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 DAILEY, SHEILA HUFFMAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 1415 COMMERCIAL PARK DRIVE  
84 City LAKELAND FL 85 Zip Code 33801

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PPD	<input checked="" type="checkbox"/> DELETE
NAME	PRATT, JAMES	
STREET ADDRESS	219 MASSACHUSETTS AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	FVPD	<input type="checkbox"/> DELETE
NAME	GOODEMOTE, ED	
STREET ADDRESS	P O BOX 95448 NA	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	HERCHIG, J. W	
STREET ADDRESS	1831 N CRYSTAL LAKE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARTER, TRACEY	
STREET ADDRESS	2262 PARKLAND LOOP N	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUNNE, PHILL	
STREET ADDRESS	1839 PINNACLE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, MARTI	
STREET ADDRESS	1546 LAGOON RD	
CITY-ST-ZIP	LAKELAND FL	

1.1 TITLE	SVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SARANO, PATTI	
1.3 STREET ADDRESS	P O BOX 90187 N/A	
1.4 CITY-ST-ZIP	LAKELAND FL 33804	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GOODEMOTE, ED	
2.3 STREET ADDRESS	P O BOX 95448 N/A	
2.4 CITY-ST-ZIP	LAKELAND FL 33804	
3.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HERCHIG, J. W.	
3.3 STREET ADDRESS	1831 N CRYSTAL LAKE DRIVE	
3.4 CITY-ST-ZIP	LAKELAND FL 33801	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	FVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	O'BRIEN, MARTI	
6.3 STREET ADDRESS	1546 LAGOON ROAD	
6.4 CITY-ST-ZIP	LAKELAND FL 33803	

14. I do 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]* DATE: 1-16-97 DAYTIME PHONE: (941) 665-8582

CR2E037 (9/96)