FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra By Wortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(2)

DRUG PREVENTION RESOURCE CENTER, INC.				
Principal Place of Business Mailing Address				
1415 COMMERCIAL PARK DR LAKELAND FL 33801 US		1415 COMMERCIAL PARK DI LAKELAND FL 33801 US	R	3. Date incorporated or Qualified 05/20/1987
		•		4. FEI Number Applied For 59-2844663 Not Applicable
2. Principal Place of Business		2a. Mailing Address		- 60 75 A LESS - 1
21		26		6. Certificate of Status Desired Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Z ip	Country		Country	Yes No 8. This corporation owes or has paid the current year intaggible
24	25	 	30	Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
81 Name				
DAILEY, SHEILA HUFFMAN 82			82 Street Ad	dress (P.O. Box Number is Not Acceptable)
1835 N CRYSTAL LAKE DRIVE			83	
1415 COMMERCIAL PARK DR			[83]	
LAKELAND FL 33801			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 fapfiliar with, and accept the polygations of Section 617.0503. Florida statutes.				
SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when r				nuired when reinstating) DATE
Signature, typed or printed name of registered agent and the it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	SVPD	DELETE	1.1 TITLE	Change Addition
NAME	SARANO, PATTI		1.2 NAME	11/10/60-00)
STREET ADDRESS	PO BOX 90187		1.3 STREET ADDRESS	NIA/ SHYING
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	Change ☐ Addition
NAME	GOODEMOTE, ED		2.2 NAME	110/2000
STREET ADDRESS	PO BOX 95448		2.3 STREET ADDRESS	WIAI SAMO
CITY-ST-ZIP	LAKELAND FL PPD	DELETE	2. 4 CITY-ST-ZIP	Change Addition
NAME	HERCHIG, J.W.		3.2 NAME	
STREET ADDRESS	1831 N CRYSTAL LAKE DR		3.3 STREET ADORESS	NIA/SAme
CITY-ST-ZIP	LAKELAND FL		3.4. CITY - ST - ZIP	
TITLE	SO	☐ DELETE	4.1 TITLE	Change Addition
NAME	CARTER, TRACEY		4. 2 NAME	\sim
Street address	2262 PARKLAND LOOP N		4.3 STREET ADDRESS	WITH JAME
CITY-ST-ZIP	LAKELAND FL	T beiere	4.4 CITY - ST - ZIP	
TITLE	TD CARACE DAMA	☐ DELETE	5.1 TITLE	Change Addition
NAME	DUNNE, PHILL		5.2 NAME	11 1 - 1 - 1

LAKELAND FL 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)(1), 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 13 if chapged, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

1839 PINNACLE DR

LAKELAND FL

O'BRIEN, MARTI 1546 LAGOON RD

FVPD

☐ DELETE

FILED

Feb 27 1998 8:00am

Secretary of State