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Feb 23, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N20734
 1. Corporation Name
DRUG PREVENTION RESOURCE CENTER, INC.

| | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business 1415 COMMERCIAL PARK DR LAKELAND FL 33801 US | Mailing Address 1415 COMMERCIAL PARK DR LAKELAND FL 33801 US |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|



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|--------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 05/20/1987 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2844663 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

DAILEY, SHEILA HUFFMAN
~~4836 N CRYSTAL LAKE DRIVE~~
 1415 COMMERCIAL PARK DR
 LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 1415 COMMERCIAL PARK DRIVE
 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

| | | |
|----------------|------------------------|--------------------------------------------|
| TITLE | SVPD | <input type="checkbox"/> DELETE |
| NAME | SARANO, PATTI | |
| STREET ADDRESS | P O BOX 90187 N/A | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GOODEMOTE, ED | |
| STREET ADDRESS | P O BOX 95448 N/A | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | PPD | <input checked="" 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 checked="" type="checkbox"/> DELETE |
| NAME | DUNNE, PHILL | |
| STREET ADDRESS | 1839 PINNACLE DR | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | FVPD | <input type="checkbox"/> DELETE |
| NAME | O'BRIEN, MARTI | |
| STREET ADDRESS | 1546 LAGOON RD | |
| CITY-ST-ZIP | LAKELAND FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | FVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | SARANO, PATTI | |
| 1.3 STREET ADDRESS | P O BOX 90187 | |
| 1.4 CITY-ST-ZIP | LAKELAND FL 33804 | |
| 2.1 TITLE | PPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | GOODEMOTE, ED | |
| 2.3 STREET ADDRESS | P O BOX 95448 | |
| 2.4 CITY-ST-ZIP | LAKELAND FL 33804 | |
| 3.1 TITLE | SVPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | CHANDLER, BROOKS | |
| 3.3 STREET ADDRESS | 3200 STONE WATER COURT | |
| 3.4 CITY-ST-ZIP | LAKELAND FL 33803 | |
| 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 | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | LIPSCOMB, BARBARA | |
| 5.3 STREET ADDRESS | 228 S MASSACHUSETTS AVE | |
| 5.4 CITY-ST-ZIP | LAKELAND FL 33801 | |
| 6.1 TITLE | PD | <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 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, with all other like empowered.

SIGNATURE: Sheila Huffman Dailey 1/12/99 941-665-8582
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)