

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90025 039 ****61.25

DOCUMENT # N20734

1. Entity Name

DRUG PREVENTION RESOURCE CENTER, INC.

Principal Place of Business

**621 SOUTH FLORIDA AVE.
LAKELAND FL 33801
US**

Mailing Address

**621 SOUTH FLORIDA AVE.
LAKELAND FL 33801
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2844663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ELLISON, ANGELE P
621 SOUTH FLORIDA AVE
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name

ANGELA P ELLISON

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Angela P. Ellison

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **ZUCCO, RONDA**
STREET ADDRESS **1100 OAK RIDGE PKWY #296**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **SD** ☒ Delete
NAME **BROCK, KIMBERLY GRADY**
STREET ADDRESS **P.O BOX 1048**
CITY-ST-ZIP **LAKELAND FL 33802**

TITLE **SVPD** ☒ Delete
NAME **CHANDLER, BROOKS**
STREET ADDRESS **203 HIBRITON WAY**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **PD** ☐ Delete
NAME **TUCKER, MARGIE**
STREET ADDRESS **P O BOX 95448**
CITY-ST-ZIP **LAKELAND FL 33804**

TITLE **TD** ☒ Delete
NAME **SAMPLE, TERESSA**
STREET ADDRESS **2325 BOB PHILLIPS RD**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **PP** ☒ Delete
NAME **O'BRIEN, MARTI**
STREET ADDRESS **1546 LAGOON RD**
CITY-ST-ZIP **LAKELAND FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **SUSAN HURLEY-S**
STREET ADDRESS **3433 WINTER LAKE ROAD**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **LESLEY CORBAN-V**
STREET ADDRESS **210 N MISSOURI AVENUE**
CITY-ST-ZIP **LAKELAND FL 33815**

TITLE **IMMEDIATE PAST PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **MISCHELLE ANDERSON-T**
STREET ADDRESS **1027 DOROTHY STREET**
CITY-ST-ZIP **LAKELAND FL 33815**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Angela P. Ellison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04
Date

863-802-0777
Daytime Phone #