



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90117 029 \*\*\*\*61.25

<b>DOCUMENT # N20734</b> 1. Entity Name <b>DRUG PREVENTION RESOURCE CENTER, INC.</b>					
Principal Place of Business <b>621 SOUTH FLORIDA AVE. LAKELAND, FL 33801 US</b>			Mailing Address <b>621 SOUTH FLORIDA AVE. LAKELAND, FL 33801 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
					
01182006    Chg-NP    CR2E037 (11/05)					
4. FEI Number <b>59-2844663</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>ELLISON, ANGELA P 621 SOUTH FLORIDA AVE LAKELAND, FL 33801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PP <b>ZUCCO, RONDA</b> <input checked="" type="checkbox"/> Delete <b>1100 OAKBRIDGE PARKWAY #296 LAKELAND, FL 33803</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1ST VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SMITH, MIKE</b> <b>P O BOX 407</b> <b>LAKELAND FL 33802-0407</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>PALMORE, DUB</b> <input checked="" type="checkbox"/> Delete <b>501 N FLORIDA AVENUE LAKELAND, FL 33801</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>HINSON, MARY</b> <b>P O BOX 95002</b> <b>LAKELAND FL 33804-5002</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>SAMPLE, TERESSA</b> <input type="checkbox"/> Delete <b>2325 BOB PHILIPS ROAD BARTOW, FL 33830</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>CORBAN, LESLEY</b> <input type="checkbox"/> Delete <b>210 N MISSOURI AVENUE LAKELAND, FL 33815</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PAST PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>JONES, KEVIN</b> <input type="checkbox"/> Delete <b>PO BOX 8008 LAKELAND, FL 33802</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2ND VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>WOLFE, GINNY</b> <b>1003 AVENUE X, NW</b> <b>WINTER HAVEN FL 33881</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/18/06    863-802-0777 <small>Date    Daytime Phone #</small>		