

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20734

FILED  
Jun 26, 2009  
Secretary of State

**Entity Name:** DRUG PREVENTION RESOURCE CENTER, INC.

**Current Principal Place of Business:**

621 SOUTH FLORIDA AVE.  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

621 SOUTH FLORIDA AVE.  
LAKELAND, FL 33801 US

**New Mailing Address:**

**FEI Number:** 59-2844663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ELLISON, ANGELA P  
621 SOUTH FLORIDA AVE  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, MIKE  
Address: PO BOX 407  
City-St-Zip: LAKELAND, FL 338020407

Title: S ( ) Delete  
Name: HINSON, MARY  
Address: PO BOX 95002  
City-St-Zip: LAKELAND, FL 338045002

Title: T ( ) Delete  
Name: KENNETH, MENE F  
Address: PO BOX 95448  
City-St-Zip: LAKELAND, FL 33804

Title: PP ( ) Delete  
Name: CORBAN, LESLEY  
Address: 210 N MISSOURI AVENUE  
City-St-Zip: LAKELAND, FL 33815

Title: 2VP ( ) Delete  
Name: JONES, KEVIN  
Address: PO BOX 8008  
City-St-Zip: LAKELAND, FL 33802

Title: 1VP ( ) Delete  
Name: WOLFE, GINNY  
Address: 1003 AVE. NW  
City-St-Zip: WINTER HAVEN, FL 33881

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE SMITH

P

06/26/2009

Electronic Signature of Signing Officer or Director

Date