

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20734

FILED  
Jan 11, 2011  
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 ( )

**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  
Name: WOLFE, GINNY  
Address: 2590 HAVENDALE BLVD.  
City-St-Zip: WINTER HAVEN, FL 33831

Title: S  
Name: CHASTAIN, NANCY  
Address: 1026 E HIGHLAND DR  
City-St-Zip: LAKELAND, FL 33813

Title: T  
Name: HURLEY, SUSAN  
Address: 3433 WINTER LAKE ROAD  
City-St-Zip: LAKELAND, FL 33801

Title: PP  
Name: SMITH, MIKE  
Address: P.O. BOX 407  
City-St-Zip: LAKELAND, FL 33815

Title: 2VP  
Name: KEN, MENAFEE  
Address: P O BOX 95448  
City-St-Zip: LAKELAND, FL 33811

Title: 1VP  
Name: CORBAN, LESLEY  
Address: 1066 LAMP POST LANE  
City-St-Zip: LAKELAND, FL 33809

I hereby 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 all other like empowered.

SIGNATURE: ANGELA ELLISON

MS

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date