

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20734

FILED
Jan 25, 2012
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: HURLEY, SUSAN
Address: 3433 WINTER LAKE ROAD
City-St-Zip: LAKELAND, FL 33803

Title: S
Name: SELLERS, HAZEL
Address: P.O. BOX 391
City-St-Zip: BARTOW, FL 33831

Title: T
Name: MENEFFEE, KENNETH
Address: P.O. BOX 95448
City-St-Zip: LAKELAND, FL 33804

Title: PP
Name: WOLFE, GINNY
Address: 2590 HAVENDALE BLVD.
City-St-Zip: WINTER HAVEN, FL 33881

Title: 2VP
Name: CORBAN, LESLEY
Address: 1066 LAMP POST LANE
City-St-Zip: LAKELAND, FL 33809

Title: 1VP
Name: PELLEGRINI, RICHARD
Address: 667 GRASSLANDS VILLAGE CIRCLE
City-St-Zip: LAKELAND, FL 33803

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

DIR

01/25/2012

Electronic Signature of Signing Officer or Director

Date