

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 24, 2005  
Secretary of State

DOCUMENT# N26954

Entity Name: DRUG FREE, INC.

**Current Principal Place of Business:**

107 W. MAIN STREET  
TAVARES, FL 32778 US

**New Principal Place of Business:**

1018 NORTH BLVD. W  
LEESBURG, FL 34748 US

**Current Mailing Address:**

P.O. BOX 491033  
LEESBURG, FL 34749 US

**New Mailing Address:**

FEI Number: 59-2962440      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:**

MITCHELL, RUBY  
6721 FERN CIRCLE  
LEESBURG, FL 34748 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: MITCHELL, RUBY  
Address: 6721 FERN CIRCLE  
City-St-Zip: LEESBURG, FL 34748

Title: VD ( ) Delete  
Name: MITCHELL, PERNELL  
Address: 115 E. MAGNOLIA AVE.  
City-St-Zip: LEESBURG, FL 34748

Title: SD ( ) Delete  
Name: JACKSON, JOHNNIE  
Address: 1106 LUCAS STREET  
City-St-Zip: LEESBURG, FL 34748

Title: TD ( ) Delete  
Name: BRIEN, BOWERS  
Address: 202 WATERS EDGE DRIVE  
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete  
Name: JACOBSEN, JOANNE  
Address: 511 LAKESHORE  
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete  
Name: SHAW, JEFFERY  
Address: 5465NW 8TH PLACE  
City-St-Zip: Ocala, FL 34482

**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 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 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: RUBY MITCHELL

P

05/24/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date