

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# N26954

Entity Name: DRUG FREE, INC.

Current Principal Place of Business:

1018 NORTH BLVD. W
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 491077
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: 318 NORTH TEXAS AVE
City-St-Zip: TAVARES, FL 34778

Title: D () 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: WALKER, KENEA
Address: P.O. BOX 491077
City-St-Zip: LEESBURG, FL 34749

Title: SD () Delete
Name: DUGGINS, PEGGY
Address: 105 JOSEPHINE AVE
City-St-Zip: FRUITLAND PARK, FL 34731

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
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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: RUBY MITCHELL

P

06/22/2009

Electronic Signature of Signing Officer or Director

Date