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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:26

DOCUMENT # 727714 (8)

1. Corporation Name
DRUG EDUCATION AND PREVENTION CENTER, INC.

Principal Place of Business	Mailing Address
88 RIBERIA STREET 300 ST. AUGUSTINE FL 32084 US	88 RIBERIA STREET 300 ST. AUGUSTINE FL 32084 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1973
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-1502582 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

9. Name and Address of Current Registered Agent

GREENOUGH PATRICIA
88 RIBERIA STREET
SUITE 300
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Patricia Greenough Patricia Greenough, Executive Director 2/3/95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD ☒ Change ☐ Addition
NAME	LUCAS, CAROLYN	1.2 NAME	
STREET ADDRESS	3205 VARELLA AVE	1.3 STREET ADDRESS	Smolek, Gary 4010 Lewis Speedway #299
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	St. Augustine FL 32095
TITLE	PD	2.1 TITLE	TD ☒ Change ☐ Addition
NAME	WILLETT, SAMUEL A	2.2 NAME	William Robinson
STREET ADDRESS	2155 OLD MOULTRIE ROAD	2.3 STREET ADDRESS	231 Circle Drive East
CITY-ST-ZIP	ST AUGUSTINE FL	2.4 CITY-ST-ZIP	St. Augustine FL 32095
TITLE	TD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	BROWNING, JAMES E	3.2 NAME	Browning, James E.
STREET ADDRESS	144 WILLOW POND LN	3.3 STREET ADDRESS	144 Willow Pond Ln
CITY-ST-ZIP	PONTE VEDRA BCH FL	3.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE	VD	4.1 TITLE	PD ☒ Change ☐ Addition
NAME	WHITE, DARWIN	4.2 NAME	White, Darwin
STREET ADDRESS	5168 MEDORAS AVE	4.3 STREET ADDRESS	5168 Medoras Ave.
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	St. Augustine FL 32084
TITLE	M	5.1 TITLE	☐ Change ☒ Addition
NAME	GREENOUGH, PATRICIA	5.2 NAME	
STREET ADDRESS	88 RIBERIA STREET SUITE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	5.4 CITY-ST-ZIP	32084
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 03-31-95 (904) 829-6481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #