

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007144

Entity Name: DRUMS IN RECOVERY INC**Current Principal Place of Business:**1418 BEAR LAKE ROAD
APOPKA, FL 32703**Current Mailing Address:**1418 BEAR LAKE ROAD
APOPKA, FL 32703 US**FEI Number:** 81-3175725**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STEVENSON, MARLA
1418 BEAR LAKE ROAD
APOPKA, FL 32703 US*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:** MARLA STEVENSON

01/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	D
Name	STEVENSON, MARLA	Name	DAUVEN, DEB
Address	1418 BEAR LAKE ROAD	Address	622 N. LAKE AVE.
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	APOPKA FL 32712
Title	D	Title	VP
Name	ALMAN, JENNIFER	Name	JONES, ANNA
Address	229 PLAZA OVAL	Address	255 SPRING LAKE HILLS DR.
City-State-Zip:	CASSELBERRY FL 32707	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	TREASURER	Title	SECRETARY
Name	BAILEY, CARRIE	Name	RICE, AMANDA
Address	1027 MCKINNON AVE	Address	151 N DEVEON AVE
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	WINTER SPRINGS FL 32708-2515
Title	DIRECTOR	Title	DIRECTOR
Name	EFLAND, CHRISTINA	Name	KUCHMAN, CHRISTINA
Address	3568 JERICHO DRIVE	Address	3814 SHADY GROVE CIRCLE
City-State-Zip:	CASSELBERRY FL 32707	City-State-Zip:	ORLANDO FL 32810

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: MARLA STEVENSON**PRESIDENT**

01/27/2023

Electronic Signature of Signing Officer/Director Detail

Date