2020 FLORIDA NO	T FOR PROFIT CO	RPORATION 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

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	MARLA STEVENSON		
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	Ρ	Title	VP	
Name	STEVENSON, MARLA	Name	GIBSON, LESLIE K	
Address	1418 BEAR LAKE ROAD	Address	2333 CANTERCLUB TRL	
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	APOPKA FL 32712	
Title	DIRECTOR	Title	D	
Name	THERESA, BERRIOS	Name	DAUVEN, DEB	
Address	3 RED CLOVER LANE	Address	622 N. LAKE AVE.	
City-State-Zip:	PALM COAST FL 32164	City-State-Zip:	APOPKA FL 32712	
Title	D	Title	D	
Name	ALMAN, JENNIFER	Name	WILDERMUTH, SHERRIE	
Address	229 PLAZA OVAL	Address	5515 BOBBY ST.	
City-State-Zip:	CASSELBERRY FL 32707	City-State-Zip:	ORLANDO FL 32807	
Title	D	Title	SECRETARY	
Name	BERRIOS, THERESA	Name	JONES, ANNA	
Address	3 RED CLOVER LN.	Address	255 SPRING LAKE HILLS DR.	
City-State-Zip:	PALM COAST FL 32164	City-State-Zip:	ALTAMONTE SPRINGS FL 327	14

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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

02/02/2020 Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

FILED Feb 02, 2020 Secretary of State 6611198240CC

Officer/Director Detail Continued :

Title	TREASURER
Name	BAILEY, CARRIE
Address	1027 MCKINNON AVE
City-State-Zip:	OVIEDO FL 32765