

2024 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:** No**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

02/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name STEVENSON, MARLA
Address 1418 BEAR LAKE ROAD
City-State-Zip: APOPKA FL 32703

Title D
Name DAUVEN, DEB
Address 622 N. LAKE AVE.
City-State-Zip: APOPKA FL 32712

Title D
Name ALMAN, JENNIFER
Address 229 PLAZA OVAL
City-State-Zip: CASSELBERRY FL 32707

Title VP
Name JONES, ANNA
Address 255 SPRING LAKE HILLS DR.
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title SECRETARY
Name RICE, AMANDA
Address 151 N DEVEON AVE
City-State-Zip: WINTER SPRINGS FL 32708-2515

Title DIRECTOR
Name EFLAND, CHRISTINA
Address 3568 JERICHO DRIVE
City-State-Zip: CASSELBERRY FL 32707

Title DIRECTOR
Name KUCHMAN, CHRISTINA
Address 3814 SHADY GROVE CIRCLE
City-State-Zip: ORLANDO FL 32810

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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**

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DONAHOO, DYANN
Address 341 E. ORANGE STREET
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name STEWART, SONYA
Address 1395 CANDLEWICK DRIVE
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name HIGGER, JULIUS
Address 116 SWEETBRIAR BRANCE
City-State-Zip: LONGWOOD FL 32750