

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20734

**Entity Name:** DRUG PREVENTION RESOURCE CENTER, INC.**Current Principal Place of Business:**621 SOUTH FLORIDA AVE.  
LAKELAND, FL 33801**Current Mailing Address:**621 SOUTH FLORIDA AVE.  
LAKELAND, FL 33801 US**FEI Number:** 59-2844663**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELLISON, ANGELA P  
621 SOUTH FLORIDA AVE  
LAKELAND, FL 33801 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CO-PRESIDENT
Name	ROGERS, RYAN
Address	7301 US HIGHWAY 98 NORTH
City-State-Zip:	LAKELAND FL 33809

Title	MEMBER AT LARGE
Name	SHARP, CINDY
Address	621 SOUTH FLORIDA AVE.
City-State-Zip:	LAKELAND FL 33801

Title	CO- PRESIDENT
Name	KING, KAREN
Address	P.O. BOX 32024
City-State-Zip:	LAKELAND FL 33802

Title	SECRETARY
Name	WOLFE, GINNY
Address	1003 AVENUE X NW
City-State-Zip:	WINTER HAVEN FL 33881

Title	MEMBER AT LARGE
Name	SEYMOUR, JILL
Address	1891 JIM KEENE BLVD.
City-State-Zip:	WINTER HAVEN FL 33830

Title	PAST PRESIDENT
Name	SELLERS, HAZEL
Address	1980 DE LA PALMA AVE.
City-State-Zip:	BARTOW FL 33830

*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:** KAREN KING**EXECUTIVE DIRECTOR****03/06/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date