

2019 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	PRESIDENT
Name	CROWLEY, JEANETTE
Address	P.O. BOX 391
City-State-Zip:	BARTOW FL 33831

Title	TREASURER
Name	WOLFE, GINNY
Address	2590 HAVENDALE BLVD.
City-State-Zip:	WINTER HAVEN FL 33881

Title	1VP
Name	CORBAN, LESLEY
Address	1066 LAMP POST LANE
City-State-Zip:	LAKELAND FL 33809

Title	2ND VICE PRESIDENT
Name	MINCEY, WILLIE
Address	2842 COUNTRY CLUB ROAD
City-State-Zip:	LAKELAND FL 33881

Title	SECRETARY
Name	EDWARDS, LORI
Address	219 NORTH MASSACHUSETTS AVENUE
City-State-Zip:	LAKELAND FL 33801

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: JEANETTE CROWLEY**PRESIDENT****03/12/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date