

2013 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 P
Name HURLEY, SUSAN
Address 3433 WINTER LAKE ROAD
City-State-Zip: LAKELAND FL 33803

Title T
Name MENEFFEE, KENNETH
Address P.O. BOX 95448
City-State-Zip: LAKELAND FL 33804

Title 2VP
Name CORBAN, LESLEY
Address 1066 LAMP POST LANE
City-State-Zip: LAKELAND FL 33809

Title S
Name SELLERS, HAZEL
Address P.O. BOX 391
City-State-Zip: BARTOW FL 33831

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

Title 1VP
Name PELLEGRINI, RICHARD
Address 667 GRASSLANDS VILLAGE CIRCLE
City-State-Zip: LAKELAND FL 33803

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: SUSAN HURLEY**PRESIDENT****04/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date