

**2024 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 SECRETARY  
Name WOLFE, GINNY  
Address 1003 AVENUE X NW  
City-State-Zip: WINTER HAVEN FL 33881

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

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

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

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

**EXEC. DIRECTOR**

**03/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date