

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26954

**Entity Name:** DRUG FREE, INC.

**Current Principal Place of Business:**

301 E. NORTH BLVD.  
LEESBURG, FL 34748

**Current Mailing Address:**

P.O. BOX 491077  
LEESBURG, FL 34749 US

**FEI Number:** 59-2962440

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MITCHELL, RUBY  
301 E. NORTH BLVD.  
LEESBURG, FL 34748 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 MITCHELL, RUBY  
Address 6721 FERN CIRCLE  
City-State-Zip: LEESBURG FL 34748

Title VD  
Name MITCHELL, PERNELL  
Address 318 NORTH TEXAS AVE  
City-State-Zip: TAVARES FL 34778

Title TD  
Name BRIEN, BOWERS  
Address 202 WATERS EDGE DRIVE  
City-State-Zip: LEESBURG FL 34748

Title D  
Name WALKER, KENEA  
Address P.O. BOX 491077  
City-State-Zip: LEESBURG FL 34749

*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:** RUBY MITCHELL

**PRESIDENT**

**04/08/2017**

Electronic Signature of Signing Officer/Director Detail

Date