

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002197

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: DRUG ABUSE PREVENTION INC.

## Current Principal Place of Business:

1517 SILVER RIDGE DRIVE  
CANTONMENT, FL 32533

## New Principal Place of Business:

## Current Mailing Address:

1517 SILVER RIDGE DRIVE  
CANTONMENT, FL 32533

## New Mailing Address:

FEI Number: 59-3825015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PROCTOR, DAISY  
1517 SILVER RIDGE DRIVE  
CANTONMENT, FL 32533 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PROCTOR, DAISY  
Address: 1517 SILVER RIDGE DRIVE  
City-St-Zip: CANTONMENT, FL 32533

Title: DV ( ) Delete  
Name: PROCTOR, ROBERT SR  
Address: 1517 SILVER RIDGE DRIVE  
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete  
Name: CALDWELL, LEROY J SR  
Address: 16 MOHAWK TRL  
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete  
Name: THOMPSON, KAY  
Address: 7914 DEBORAH DR APT B  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: PROCTOR, ARMETTER  
Address: 8441 FOWLER AVE  
City-St-Zip: PENSACOLA, FL 32534

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PROCTOR, ARMETTER  
Address: 8455 JARMEN ST  
City-St-Zip: PENSACOLA, FL 32534

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAISY PROCTOR

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date