

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002197

**FILED**  
**Apr 27, 2011**  
**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  
**Name:** PROCTOR, DAISY  
**Address:** 1517 SILVER RIDGE DRIVE  
**City-St-Zip:** CANTONMENT, FL 32533

**Title:** DV  
**Name:** PROCTOR, ROBERT JR  
**Address:** 1517 SILVER RIDGE DRIVE  
**City-St-Zip:** CANTONMENT, FL 32533

**Title:** D  
**Name:** PROCTOR, ARMETTER  
**Address:** 8455 JARMEN ST.  
**City-St-Zip:** PENSACOLA, FL 32534

**Title:** D  
**Name:** PROCTOR, VICTORIA  
**Address:** 4002 TREELODGE PKWY  
**City-St-Zip:** SANDY SPRING, GA 30350

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:** PROCTOR, DAISY

DP

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date