

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007144

**Entity Name:** DRUMS IN RECOVERY INC**Current Principal Place of Business:**1418 BEAR LAKE ROAD  
APOPKA, FL 32703**Current Mailing Address:**1418 BEAR LAKE ROAD  
APOPKA, FL 32703 US**FEI Number:** 81-3175725**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEVENSON, MARLA  
1418 BEAR LAKE ROAD  
APOPKA, FL 32703 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:** MARLA STEVENSON

02/02/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                              |
|-----------------|------------------------------|
| Title           | P                            |
| Name            | STEVENSON, MARLA             |
| Address         | 1418 BEAR LAKE ROAD          |
| City-State-Zip: | APOPKA FL 32703              |
| Title           | D                            |
| Name            | DAUVEN, DEB                  |
| Address         | 622 N. LAKE AVE.             |
| City-State-Zip: | APOPKA FL 32712              |
| Title           | SECRETARY                    |
| Name            | JONES, ANNA                  |
| Address         | 255 SPRING LAKE HILLS DR.    |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32714   |
| Title           | DIRECTOR                     |
| Name            | RICE, AMANDA                 |
| Address         | 151 N DEVEON AVE             |
| City-State-Zip: | WINTER SPRINGS FL 32708-2515 |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | GIBSON, LESLIE K     |
| Address         | 2333 CANTERCLUB TRL  |
| City-State-Zip: | APOPKA FL 32712      |
| Title           | D                    |
| Name            | ALMAN, JENNIFER      |
| Address         | 229 PLAZA OVAL       |
| City-State-Zip: | CASSELBERRY FL 32707 |
| Title           | TREASURER            |
| Name            | BAILEY, CARRIE       |
| Address         | 1027 MCKINNON AVE    |
| City-State-Zip: | OVIEDO FL 32765      |

*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:** MARLA STEVENSON

PRESIDENT

02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date