

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PH 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35681 (8)

1. Corporation Name

**PREVENTION, REHABILITATION, EDUCATION PROGRAMS,
INC.**

Principal Place of Business

Mailing Address

**4711 N. HUBERT AVENUE
TAMPA FL 33614
US**

**P.O. BOX 152928
TAMPA FL 33684**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2984442

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JUSTICE, HELEN B
4711 N HUBERT AVE
TAMPA FL 33614**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	CLARKE, S., GEORGE
STREET ADDRESS	5208 E 127TH AVE
CITY - ST - ZIP	TAMPA FL
TITLE	PD
NAME	QUINN, PHILIP F.
STREET ADDRESS	17017 SHADY PINES DR.
CITY - ST - ZIP	LUTZ FL
TITLE	D
NAME	VELONG, TONY
STREET ADDRESS	11250 N 58TH ST
CITY - ST - ZIP	TEMPLE TERRACE FL
TITLE	D
NAME	HAPNER, ELIZABETH
STREET ADDRESS	308 S. FIELDING
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	BLY, RANDY E
STREET ADDRESS	1515 N. WESTSHORE BLVD.
CITY - ST - ZIP	TAMPA FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Philip F. Quinn

Philip F. Quinn

4/25/95

(813) 875-6501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone