FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

N35681

(8)

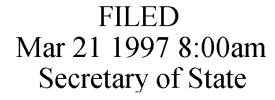
2a. Mailing Address

Suite, Apt. #, etc.

26

PREVENTION, REHABILITATION, EDUCATION PROGRAMS,

Principal Piace of Business Mailing Address
4711 N. HUBERT AVENUE P.O. BOX 152928
TAMPA FL 33614 TAMPA FL 33684-2928
US





3a. Date of Last Report 04/17/1996

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 12/11/1989

59-2984442

5. Certificate of Status Desired

Philip F. Quinn, President 3/12/97 875-6501

Daytinie Phone # 0049316

4. FEI Number

City & State	:	City & Sta	City & State				6. Election Campaign Finar	ncing	\$5.	00 May Be	,]
23		28	28				Trust Fund Contribution			ded to Fees	
Zip	Country	Zip		Country	у		8. This corporation has liab	ility for intangible	e tax und	er s. 199.03	i2.
24	25 29 30				Florida Statutes Yes 🔽 No						
	9. Name and Address of Curre	nt Registered Age:	10. Name and Address of New Registered Agent								
				81	Name	•					
	HELEN B			82	Street	Address	s (P.O. Box Number is Not A	cceptable)			
4711 N HUBERT AVE											
TAMPA FL 33614											
				84	City				85	Zip Code	
					O.,			FL	_	Zip 0000	- (
11. Pursuant t	o the provisions of Sections 617.05	02 and 617.1508, FI	orida Statutes	the above	a named	d corpora	ation submits this statement f	or the purpose of	of changi	ng its registe	ered
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 617.0503, Florida Statutes.											
SIGNATURE		-									- (
- Construction	Signature, typed or printed name of registered a		(NOTE R	ngistered Age	ent signatur	re required v	when reinstating)	DATE			
12,		ND DIRECTORS	De exe	13.			ADDITIONS/CHANGES TO	OFFICERS AN			
TITLE	SD STABLES OF SECTION		DELETE	1.1 TITLE					Chai	nge [] Add	dition
NAME)	CLARKE, S., GEORGE			1.2 NAME		1					}
STREET ADDRESS	5206 E 127TH AVE			1.3 STREET	ADDRESS	Ţ					
City-St-ZiP	TAMPA FL			1.4 CITY - S	T-ZIP	ļ					
TULE	PD	L.,.	DELETE	2.1 TITLE		1			Chai	nge 🔲 Add	dition
NAME	QUINN, PHILIP F.			2.2 NAME		}					}
STREET ADDRESS	17017 SHADY PINES DR.			23 STREET	ADDRESS	}					
CITY - ST - ZIF	LUTZ FL		/	2.4 CITY-!	ST-ZIP	<u> </u>					
TITLE	D	LY.	DELETÉ	3.1 TITLE			ector		Chai	nge 🔽 Add	dition
NAME	VELONG, TONY			3.2 NAME		Wil:	liams, E.D.				1
STREET ADDRESS	11250 N 56TH ST			3.3 STREET	ADDRESS	1130	08 Sandpine Road	đ			ļ
CITY-ST-ZIP	TEMPLE TERRACE FL		r an, 1 12	3 4. CITY - S	ST-ZIP	Rive	erview, FL 33569	9			
TOTE	T	<u>L</u>	DELETE	4.1 TITLE			easurer		Cha	nge 🔲 Add	dition
NAME	HAPNER, EUZABETH			4. 2 NAME		Har	oner, Elizabeth				- }
STREET ACCORESS	101 S FRANKLIN 100			4.3 STREET	ADDRESS		E. Twiggs St.	. Room 22	5		ļ
COY-\$1-ZIP	TAMPA FL	·	DELETE	4.4 CITY - S	T-ZIP	Тап	mpa, FJ. 33602				
TILE	D D D D D D D D D D D D D D D D D D D	L	DELETE	51 TITLE			-F1 112 0000E		☐ Cha	nge 🛄 Add	dition
NAMi	BLY, RANDY E			5.2 NAME		}					•
STREET ADDRESS	1515 N. WESTSHORE BLVD.	•		5.3 STREET		J					J
City-St 7iF	TAMPA FL 33807			5.4 CITY-S	T-ZIP	↓					
THILE		L	DELETE	6.1 TITLE		1			Chai	nge 🔲 Add	dition
NAME				6.2 NAME							ļ
STREET ADDRESS				6.3 STREET							-
CITY-S1-7IF		1 11 11 11 11		6.4 CITY - S		1	0				
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 617, Florida Statutes; and that my name											
I am an of	ficer or director of the corporation on Block 12 or Block 13 f changed,	or the receiver or tru	stee empowere	ed to exec	ute this	report a	s required by Chapter 617, F	lorida Statutes;	and that	my name	1

SIGNING OFFICER OF DIRECTOR