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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33684-2928

3. Date Incorporated or Qualified: 12/11/1989
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

JUSTICE, HELEN B
4711 N HUBERT AVE
TAMPA FL 33614

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLARKE, S., GEORGE		1.2 NAME		
STREET ADDRESS	5206 E 127TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	QUINN, PHILIP F.		2.2 NAME		
STREET ADDRESS	17017 SHADY PINES DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE	Director	☐ Change ☑ Addition
NAME	VELONG, TONY		3.2 NAME	Williams, E.D.	
STREET ADDRESS	11250 N 56TH ST		3.3 STREET ADDRESS	11308 Sandpine Road	
CITY-ST-ZIP	TEMPLE TERRACE FL		3.4 CITY-ST-ZIP	Riverview, FL 33569	
TITLE	T	☐ DELETE	4.1 TITLE	Treasurer	☑ Change ☐ Addition
NAME	HAPNER, ELIZABETH		4.2 NAME	Hapner, Elizabeth	
STREET ADDRESS	101 S FRANKLIN 100		4.3 STREET ADDRESS	801 E. Twiggs St., Room 225	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BLY, RANDY E		5.2 NAME		
STREET ADDRESS	1515 N. WESTSHORE BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip F. Quinn Philip F. Quinn, President 3/12/97 875-6501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049316