2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004
Secretary of State

DOCUMENT# N35681

Entity Name: PREVENTION, REHABILITATION, EDUCATION PROGRAMS, INC.

Current Principal Place of Business:

4711 N. HUBERT AVENUE
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 152928
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-2984442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JUSTICE, HELEN B
4711 N HUBERT AVE
TAMPA, FL 33614 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: HELEN B. JUSTICE 02/26/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: CLARKE, S., GEORGE,
Address: 5206 E 127TH AVE
City-St-Zip: TAMPA, FL 33617

Title: P ( ) Delete
Name: QUINN, PHILIP F
Address: 17017 SHADY PINES DR.
City-St-Zip: LUTZ, FL

Title: D ( ) Delete
Name: WILLIAMS, E.D.
Address: 11308 SANDPINE RD
City-St-Zip: RIVERVIEW, FL 33569

Title: D (X) Delete
Name: BAXLEY, CLARK
Address: 11250 N. 56TH ST
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: S ( ) Delete
Name: HAPNER, ELIZABETH
Address: 3014 SABAL ROAD
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: HARRISON, RONALD
Address: 2310 FAULKENBURG ROAD
City-St-Zip: TAMPA, FL 33619

Title: P (X) Change ( ) Addition
Name: QUINN, PHILIP F
Address: 17017 SHADY PINES DR.
City-St-Zip: LUTZ, FL 33594

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: HAPNER, ELIZABETH
Address: 304 SOUTH PLANT AVENUE
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. PHILIP F. QUINN P 02/26/2004
Electronic Signature of Signing Officer or Director Date