

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N35681 1. Entity Name PREVENTION, REHABILITATION, EDUCATION PROGRAMS, INC.	
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Principal Place of Business 4711 N. HUBERT AVENUE TAMPA, FL 33614 US	Mailing Address P.O. BOX 152928 TAMPA, FL 33684
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02222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2984442	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JUSTICE, HELEN B 4711 N HUBERT AVE TAMPA, FL 33614

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARRISON, RONALD 2310 FAULKENBURG ROAD TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P QUINN, PHILIP F 17017 SHADY PINES DR. LUTZ, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, E.D. 11308 SANDPINE RD RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HAPNER, ELIZABETH 304 SOUTH PLANT AVENUE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Philip F. Quinn* **Philip F. Quinn** **2/23/05** **(813) 873-7726**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #