

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N35681

1. Entity Name
**PREVENTION, REHABILITATION, EDUCATION
PROGRAMS, INC.**



Principal Place of Business
**4711 N. HUBERT AVENUE
TAMPA, FL 33614 US**

Mailing Address
**P.O. BOX 152928
TAMPA, FL 33684**



03072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2984442

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

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

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

(NOTE: Registered Agent signature required when re/instating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

100000471556
03/29/06-R0001-004 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/13/06 (813) 873-7726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #