2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
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:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	QUINN, PHILIP F	
Address:	17017 SHADY PINES DR.	
City-St-Zip:	LUTZ, FL 33594	
Title:	D	( ) Delete
Name:	WILLIAMS, E.D.	
Address:	11308 SANDPINE RD	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	S	( ) Delete
Name:	HAPNER, ELIZABETH	
Address:	304 SOUTH PLANT AVENUE	
City-St-Zip:	TAMPA, FL 33618	
Title:	T	( ) Delete
Name:	KNIGHT, THOMAS	
Address:	11305 N MCKINLEY DR	
City-St-Zip:	TAMPA, FL 33612	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	DECATUR, STEPHEN	
Address:	2224 N FALKENBURG	
City-St-Zip:	TAMPA, FL 33619	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PHILIP F. QUINN P 03/26/2009

Electronic Signature of Signing Officer or Director — Date