2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007946

Entity Name: PRELUDE TO A CURE, INC.

Current Principal Place of Business:

12902 MAGNOLIA DRIVE TAMPA, FL 33612

Current Mailing Address:

5004 E FOWLER AVE C321 TAMPA, FL 33617 US

FEI Number: 46-0803747

Name and Address of Current Registered Agent:

NILES, NANCY L 1726 FIRCREST COURT WESLEY CHAPEL, FL 33543 US FILED Jan 09, 2017 Secretary of State CC0932418286

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Officer/Direc			
Title	Р	Title	VP
Name	ROBINSON, LARY A	Name	ANTONIA, SCOTT J
Address	6412 MACLAURIN DRIVE	Address	25315 OAKS BLVD
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	LAND O LAKES FL 34636
Title	т	Title	S
Name	RISER, MAUREEN	Name	PRATT, CHRISTIE L
Address	17623 DANSVILLE DRIVE	Address	843 39TH AVE NORTH
City-State-Zip:	SPRING HILL FL 34610	City-State-Zip:	ST PETERSBURG FL 33703
Title Name Address City-State-Zip:	ASST. SECRETARY HACKETT, MARTHA 1325 ECKLES DRIVE TAMPA FL 33612	Title Name Address City-State-Zip:	CORRESPONDING SECRETARY GRUBBS, DEANNA 19811 SEA RIDER WAY LUTZ FL 33559
Title Name Address City-State-Zip:	CORRESPONDING SECRETARY PLOOR, DEBBIE 1046 BLOOMINGDALE AVE VALRICO FL 33596	Title Name Address City-State-Zip:	CORRESPONDING SECRETARY GREENE, KATHRYN 111 BARRINGTON DRIVE BRANDON FL 33311

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: MAUREEN RISER

TREASURER

01/09/2017

Date

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	CORRESPONDING SECRETARY	Title	ASST. SECRETARY
Name	PETRILLI, ROSE MARIE	Name	STUART, TONJA
Address	3804 BLACKWOOD PLACE	Address	107 HICKORY CREEK DR
City-State-Zip:	VALRICO FL 33596	City-State-Zip:	BRANDON FL 33511