

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007946

**FILED**  
**Mar 10, 2016**  
**Secretary of State**  
**CC4893776589**

**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

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NILES, NANCY L  
1726 FIRCREST COURT  
WESLEY CHAPEL, FL 33543 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ROBINSON, LARY A  
Address 6412 MACLAURIN DRIVE  
City-State-Zip: TAMPA FL 33647

Title VP  
Name ANTONIA, SCOTT J  
Address 25315 OAKS BLVD  
City-State-Zip: LAND O LAKES FL 34636

Title T  
Name RISER, MAUREEN  
Address 17623 DANSVILLE DRIVE  
City-State-Zip: SPRING HILL FL 34610

Title S  
Name PRATT, CHRISTIE L  
Address 843 39TH AVE NORTH  
City-State-Zip: ST PETERSBURG FL 33703

Title ASST. SECRETARY  
Name HACKETT, MARTHA  
Address 1325 ECKLES DRIVE  
City-State-Zip: TAMPA FL 33612

Title CORRESPONDING SECRETARY  
Name GRUBBS, DEANNA  
Address 19811 SEA RIDER WAY  
City-State-Zip: LUTZ FL 33559

Title CORRESPONDING SECRETARY  
Name PLOOR, DEBBIE  
Address 1046 BLOOMINGDALE AVE  
City-State-Zip: VALRICO FL 33596

Title CORRESPONDING SECRETARY  
Name GREENE, KATHRYN  
Address 111 BARRINGTON DRIVE  
City-State-Zip: 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**

**03/10/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           CORRESPONDING SECRETARY  
Name           PETRILLI, ROSE MARIE  
Address        3804 BLACKWOOD PLACE  
City-State-Zip: VALRICO FL 33596

Title           ASST. SECRETARY  
Name           STUART, TONJA  
Address        107 HICKORY CREEK DR  
City-State-Zip: BRANDON FL 33511