

2020 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:

PRELUDE TO A CURE
P.O. BOX 320145
TAMPA, FL 33679 US

FEI Number: 46-0803747

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MILLER, ROSALYNNE I
PRELUDE TO A CURE
P.O. BOX 320145
TAMPA, FL 33679 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: ROSALYNNE MILLER

09/04/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name PLOOR, DEBBIE
Address 2428 OAK LANDING DRIVE
City-State-Zip: BRANDON FL 33511

Title TRUSTEE
Name KING, KATHRYN
Address 3611 PINE KNOT DRIVE
City-State-Zip: VALRICO FL 33596

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

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

Title VP
Name MILLER, ROSALYNNE
Address 509 W BAY STREET
 UNIT 306
City-State-Zip: TAMPA FL 33606

Title CO-TRUSTEE
Name SIMANTERIS, DEBORAH
Address 5306 SHAKESPEARE DR
City-State-Zip: DOVER FL 33527

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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: ROSALYNNE MILLER

VICE PRESIDENT

09/04/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CO-TRUSTEE
Name FROMM, ALLISON
Address 5308 FISH HAWK RIDGE DRIVE
City-State-Zip: LITHIA FL 33547

Title TREASURER
Name KUSER, KATHY
Address 15821 SORAWATER DRIVE
City-State-Zip: LITHIA FL 33547

Title CO-TRUSTEE
Name BACHMAN, RADHA
Address 4308 W WOODMERE ROAD
City-State-Zip: TAMPA FL 33609