

**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