

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007946

FILED
Mar 13, 2015
Secretary of State
CC9770645813

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

03/13/2015

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