**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 14, 2023**
**Secretary of State**
**2311428036CC**

DOCUMENT# N35681

**Entity Name:** PREVENTION, REHABILITATION, EDUCATION PROGRAMS, INC.

**Current Principal Place of Business:**

4711 N. HUBERT AVENUE
TAMPA, FL 33614

**Current Mailing Address:**

P.O. BOX 152928
TAMPA, FL 33684

**FEI Number: 59-2984442**

**Certificate of Status Desired:** Yes

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

JUSTICE, HELEN B
4711 N HUBERT AVE
TAMPA, FL 33614 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 | HAPNER, ELIZABETH L |
| Address | 1560 WEST CLEVELAND STREET |
| City-State-Zip: | TAMPA FL 33606 |

| | |
|---|---|
| Title | T |
| Name | PERRONE, FRANCES M |
| Address | 800 EAST TWIGGS STREET SUITE 309 |
| City-State-Zip: | TAMPA FL 33602 |

| | |
|---|---|
| Title | S |
| Name | BRANCATO, ROCKY |
| Address | 700 EAST TWIGGS STREET 4TH FLOOR |
| City-State-Zip: | TAMPA FL 33602 |

*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: ELIZABETH L HAPNER PRESIDENT 03/14/2023

Electronic Signature of Signing Officer/Director Detail — Date