FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:47

DOCUMENT # **761275** **(7)**

1. Corporation Name

THE FLORIDA PREVENTION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
241 JOHN KNOX RD SUITE 200 TALLAHASSEE FL 32303-6677	241 JOHN KNOX RD SUITE 200 TALLAHASSEE FL 32303-6677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2235697 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PETERZEN, MAJKEN
1713 SHARON RD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED	11 TITLE	☐ Change ☐ Addition
NAME	PETERZEN, D. MAJKEN	12 NAME	
STREET ADDRESS	1713 SHARON ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☒ Addition
NAME	BLEYER, CATHY Delete	22 NAME	PD Joan Ballard
STREET ADDRESS	2036 TALLAVANA TRAIL	23 STREET ADDRESS	501 North Orange Avenue
CITY-ST-ZIP	HAVANA FL	24 CITY-ST-ZIP	Orlando, Florida 32801
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	PATTEN, BILL	32 NAME	
STREET ADDRESS	PO BOX 1270 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	BRYANT, DENISE	42 NAME	
STREET ADDRESS	4900 CREEKSIDE DR., 4908-B	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	FRECHETTE, GARY	52 NAME	
STREET ADDRESS	MARTIN CO. SHERIFF'S OFFICE	53 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	54 CITY-ST-ZIP	
TITLE	[redacted]	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002210