

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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



3. Date Incorporated or Qualified  
**12/30/1981**

3a. Date of Last Report  
**03/30/1995**

2. Principal Place of Business

2a. Mailing Address:

21 **111 Beverly Court**

26 **111 Beverly Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 200**

27 **Suite 200**

City & State

City & State

23 **Tallahassee Florida**

28 **Tallahassee Florida**

Zip

Country

Zip

Country

24 **32301**

25 **Leon**

29 **32301**

30 **Leon**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETERZEN, MAJKEN  
1713 SHARON RD  
TALLAHASSEE FL 32303**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**ED  
PETERZEN, D. MAJKEN  
1713 SHARON ROAD  
TALLAHASSEE FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PD  
BALLARD, JOAN  
501 N ORANGE AVE  
ORLANDO FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**SD  
PATTEN, BILL  
PO BOX 1270 N/A  
OCALA FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VPD  
BRYANT, DENISE  
4900 CREEKSIDE DR., 4908-B  
CLEARWATER FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PD  
FRECHETTE, GARY  
MARTIN CO. SHERIFF'S OFFICE  
STUART FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/96 922-4280**  
Date Daytime Phone

CR2E037 (12/95)