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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761275** (7)

1. Corporation Name

THE FLORIDA PREVENTION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**111 BEVERLY COURT
SUITE 200
TALLAHASSEE FL 32301
US**

**111 BEVERLY COURT
SUITE 200
TALLAHASSEE FL 32301-2582
US**



3. Date Incorporated or Qualified
12/30/1981

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ED** ☐ DELETE
NAME **PETERZEN, D. MAJKEN**
STREET ADDRESS **1713 SHARON ROAD**
CITY - ST - ZIP **TALLAHASSEE FL**

TITLE **PD** ☐ DELETE
NAME **BALLARD, JOAN**
STREET ADDRESS **501 N ORANGE AVE**
CITY - ST - ZIP **ORLANDO FL**

TITLE **SD** ☒ DELETE
NAME **PATTEN, BILL**
STREET ADDRESS **PO BOX 1270 N/A**
CITY - ST - ZIP **OCALA FL**

TITLE **VPD** ☒ DELETE
NAME **BRYANT, DENISE**
STREET ADDRESS **4900 CREEKSIDE DR., 4908-B**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **PD** ☐ DELETE
NAME **FRECHETTE, GARY**
STREET ADDRESS **MARTIN CO. SHERIFF'S OFFICE**
CITY - ST - ZIP **STUART FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 **Acting S**
3.3 STREET ADDRESS **Ann Rogers Fox**
3.4 CITY - ST - ZIP **121 W. Pennsylvania Avenue**
Deland, Florida 32720

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Acting V**
4.3 STREET ADDRESS **Louise Rulman**
4.4 CITY - ST - ZIP **3292 County Road 220**
Middleburg, Florida 32068

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 (904) 922-4280

Date

Daytime Phone # 0007165

CR2037 (9/96)