

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004298

FILED
Apr 21, 2005
Secretary of State

Entity Name: PARTNERSHIPS IN PREVENTION INC.

Current Principal Place of Business:

6843 CIRCLE CREEK DRIVE
PINELLAS PARK, FL 337814802

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2682
PINELLAS PARK, FL 337802682

New Mailing Address:

FEI Number: 20-0131605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHORT, GENIE
6843 CIRCLE CREEK DRIVE
PINELLAS PARK, FL 337814802 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHORT, GENIE
Address: 6843 CIRCLE CREEK DRIVE
City-St-Zip: PINELLAS PARK, FL 337814802

Title: VD () Delete
Name: DURGAN, WENDY
Address: 500 HARBOUR PLACE
City-St-Zip: TAMPA, FL 33062

Title: SD () Delete
Name: CARRIGAN, SUSAN
Address: 601 E KENNEDY BLVD. 25TH FLOOR
City-St-Zip: TAMPA, FL 33601

Title: TD () Delete
Name: POSTON, DENNIS
Address: P.O. BOX 2682
City-St-Zip: PINELLAS PARK, FL 337802682

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GENIE S SHORT

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date