## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004298

FILED Mar 21, 2009 Secretary of State

Entity Name: PARTNERSHIPS IN PREVENTION INC. **Current Principal Place of Business: New Principal Place of Business:** 6843 CIRCLE CREEK DRIVE 3111 W. DR. M.L. KING JR. BLVD. PINELLAS PARK, FL 337814802 100 TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** P.O. BOX 2682 PINELLAS PARK, FL 33780 26 FEI Number: 20-0131605 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PINTER, DENISE PINTER, DENISE 6800 N. DALE MABRY HWY 3111 W. DR M.L. KING BLVD 130 100 TAMPA, FL 33614 US TAMPA, FL 33607 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: 03/21/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SHORT, GENIE Name: Name: 6843 CIRCLE CREEK DRIVE Address: Address: City-St-Zip: PINELLAS PARK, FL 337814802 City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition DURGAN, WENDY Name: Name: Address: 500 HARBOUR PLACE Address: City-St-Zip: TAMPA, FL 33062 City-St-Zip: Title: TREA () Delete Title: () Change () Addition PINTER, DENISE Name: Name: Address: P.O. BOX 2682 Address: City-St-Zip: PINELLAS PARK, FL 33780 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition Name: POSTON, DENNIS Name: P.O. BOX 2682 Address: Address: City-St-Zip: PINELLAS PARK, FL 337802682 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SHORT, JOHN A Name: Name: PAULY, JENNIFER 3111 W. DR. M.L. KING JR. BLVD. SUITE100 6843 CIRCLE CREEK DR Address: Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: TAMPA,, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 ED 03/21/2009