

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 15, 2009**  
**Secretary of State**

DOCUMENT# N03000004298

**Entity Name:** PARTNERSHIPS IN PREVENTION INC.**Current Principal Place of Business:**3111 W. DR. M.L. KING JR. BLVD.  
100  
TAMPA, FL 33607**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 2682  
PINELLAS PARK, FL 33780 26**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:**PINTER, DENISE  
3111 W. DR M.L. KING BLVD  
100  
TAMPA, FL 33607 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:** ED ( ) 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:** TREA ( ) Delete  
**Name:** PINTER, DENISE  
**Address:** P.O. BOX 2682  
**City-St-Zip:** PINELLAS PARK, FL 33780**Title:** TD ( ) Delete  
**Name:** POSTON, DENNIS  
**Address:** P.O. BOX 2682  
**City-St-Zip:** PINELLAS PARK, FL 337802682**Title:** C (X) Delete  
**Name:** PAULY, JENNIFER  
**Address:** 3111 W. DR. M.L. KING JR. BLVD. SUITE100  
**City-St-Zip:** TAMPA,, FL 33607**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VC (X) Change ( ) Addition  
**Name:** JONES, LINDA  
**Address:** 3111 W. DR M.L. KING BLVD SUITE 100  
**City-St-Zip:** TAMPA, FL 33607**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SECY (X) Change ( ) Addition  
**Name:** PHILLIPS, CAROLYN  
**Address:** 3111 W. DR. M.L. KING JR. BLVD  
**City-St-Zip:** TAMPA, FL 33607**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: DENISE PINTER

TREA

06/15/2009

Electronic Signature of Signing Officer or Director

Date