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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90206 001 ****70.00

DOCUMENT # N05000010410					
1. Entity Name PREPARE AMERICA, INC.					
Principal Place of Business 2714 COUNTRY CLUB DR LYNN HAVEN, FL 32444			Mailing Address P O BOX 1840 LYNN HAVEN, FL 32444-1840		
2. Principal Place of Business 2714 Country Club Dr			3. Mailing Address P.O. Box 1840		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Lynn Haven FL		City & State Lynn Haven FL		4. FEI Number 20-2740452	
Zip 32444	Country USA	Zip 32444-1840	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITELOCK, PAMELA L 2714 COUNTRY CLUB DR LYNN HAVEN, FL 32444				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITELOCK, PAMELA L		NAME		
STREET ADDRESS	2714 COUNTRY CLUB DR		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXIOU, JON JAMES		NAME	Alexiou, JON JAMES	
STREET ADDRESS	11450 SW 92ND CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COXEY, GEORGE		NAME		
STREET ADDRESS	P O BOX 305		STREET ADDRESS	P.O. BOX 954	
CITY-ST-ZIP	STONY RIDGE, OH 43463		CITY-ST-ZIP	LOS ALAMOS NM 87544	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAWFORD, GLORIA		NAME		
STREET ADDRESS	2714 COUNTRY CLUB DR		STREET ADDRESS	216 WHITE OAKS BLVD	
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP	SOUTHPORT, FL 32409	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAWFORD, GLORIA		NAME		
STREET ADDRESS	2714 COUNTRY CLUB DR		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLYNN, WILLIAM J		NAME	FLYNN, WILLIAM J	
STREET ADDRESS	2556 NAVARRA DR		STREET ADDRESS	525 S EMARION ST	
CITY-ST-ZIP	CARLSBAD, CA 92009		CITY-ST-ZIP	PORTLAND OR 97202	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: PAMELA L WHITELOCK, PRESIDENT 4/28/06 850 814 1982					

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ATTACHMENT

60034550

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City & State Lynn Haven FL Zip 32444 Country USA		City & State Lynn Haven FL Zip 32444-1840 Country USA	
4. FEI Number 20-2740452		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITELOCK, PAMELA L 2714 COUNTRY CLUB DR LYNN HAVEN, FL 32444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN OF BOARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHARLES ROBERT HAMMONDS, JR 421 GLENEAGLES WAY VERSAILLES KY 40383
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN OF BOARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TED P. PHILLIPS 4728 SAINT LAWRENCE RD FORT WORTH, TX 76103-1144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DARYL HOOD JOHNSTON 5323 NW 9TH WAY GAINESVILLE FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRYAN D. RENFLO P.O. BOX 5146-2 GARLAND LANE BELLEVILLE, AR 72714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SAMUEL THOMAS RHODES 2501 WOODCHESTER COURT RALEIGH, NC 27613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: PAMELA L WHITELOCK, PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/28/06 853 814 1982 <small>Daytime Phone #</small>	