

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010410

Entity Name: PREPARE AMERICA, INC.

FILED  
May 27, 2007  
Secretary of State

## Current Principal Place of Business:

2714 COUNTRY CLUB DR  
LYNN HAVEN, FL 32444

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 1840  
LYNN HAVEN, FL 324441840

## New Mailing Address:

FEI Number: 20-2740452      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

WHITELOCK, PAMELA L  
2714 COUNTRY CLUB DR  
LYNN HAVEN, FL 32444      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: WHITELOCK, PAMELA L  
Address: 2714 COUNTRY CLUB DR  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VPD      ( ) Delete  
Name: ALEXIOU, JON JAMES  
Address: 11450 SW 92ND CT  
City-St-Zip: MIAMI, FL 33176

Title: VPD      ( ) Delete  
Name: COXEY, GEORGE  
Address: P.O. BOX 954  
City-St-Zip: LOS ALAMOS, NM 87544

Title: VPD      ( ) Delete  
Name: CRAWFORD, GLORIA  
Address: 216 WHITE OAKS BLVD  
City-St-Zip: SOUTHPORT, FL 32409

Title: VPD      ( ) Delete  
Name: FLYNN, WILLIAMS J  
Address: 525 SE MARION ST  
City-St-Zip: PORTLAND, OR 97202

## 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:

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: PAMELA L WHITELOCK

PRES

05/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date