

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010410

Entity Name: PREPARE AMERICA, INC.

FILED
May 07, 2008
Secretary of State

Current Principal Place of Business:

216 WHITE OAKS BLVD.
SOUTHPORT, FL 32409

New Principal Place of Business:

Current Mailing Address:

P O BOX 1840
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 20-2740452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

CRAWFORD, GLORIA
216 WHITE OAKS BLVD.
SOUTHPORT, FL 32409 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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WHITELOCK, PAMELA L
Address: 1136 SLEEPING MEADOW DRIVE
City-St-Zip: NEW ALBANY, OH 43054

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: VPD (X) Change () Addition
Name: PHILLIPS, TED
Address: 2328 WEST LOTUS
City-St-Zip: FT. WORTH, TX 76111

Title: VPD () Change (X) Addition
Name: RENFRO, BRYAN
Address: 6708 FRIENDSWAY DRIVE
City-St-Zip: FT. WORTH, TX 76137

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

PD

05/07/2008

Electronic Signature of Signing Officer or Director

Date