

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003707

FILED
Mar 22, 2012
Secretary of State

Entity Name: 3P'S PRISON PREVENTION PROGRAM INC

Current Principal Place of Business:

750 S.ORANGE BLOSSOM TRAIL
SUITE #231
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

4445 FOUNTAINVIEW LANE
NUMBER 502
ORLANDO, FL 32808

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEELER, CLARENCE J
4445 FOUNTAINVIEW LANE
NUMBER 502
ORLANDO, FL 32808 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: PRES
Name: WHEELER, CLARENCE J P
Address: 4445 FOUNTAINVIEW LANE # 502
City-St-Zip: ORLANDO, FL 32808

Title: TRUS
Name: WHEELER, NICOLA WHEELER
Address: 4214 ARCH ST
City-St-Zip: ORLANDO, FL 32808

Title: O
Name: RUCKER, ASHLEY
Address: 745 AVONDAL AVE
City-St-Zip: ORLANDO, FL 32805

Title: O
Name: KING, BRUCE
Address: 5229 GOLD TREE CT
City-St-Zip: ORLANDO, FL 32808

Title: O
Name: WILLIAM, WISE
Address: 4445 FOUNTAINVIEW LANE # 502
City-St-Zip: ORLANDO, FL 32808

Title: PRES
Name: WHEELER, CLARENCE
Address: 4445 FOUNTAINVIEW LANE # 502
City-St-Zip: ORLANDO, FL 32808

I hereby 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 all other like empowered.

SIGNATURE: CLARENCE WHEELER

PRES

03/22/2012

Electronic Signature of Signing Officer or Director

Date