

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44601 (5)
1. Corporation Name
THE PREVENTION RESOURCE CENTER, INC.



Principal Place of Business Mailing Address
P.O. BOX 1532 STUART FL 34995 US

3. Date Incorporated or Qualified **08/05/1991** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 65-0279746	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	29	Country			
30						

9. Name and Address of Current Registered Agent

**GRIFFITH, LYNDA S.
120 WEST 6TH STREET
STUART FL 34994**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, LYNDA	12 NAME	
STREET ADDRESS	120 W. 6 STREET	13 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	
TITLE	PC <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORRIS, DON	22 NAME	VICE CHAIR
STREET ADDRESS	300 HOSPITAL AVE.	23 STREET ADDRESS	JAN SWINK
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	P.O. Box 2382
TITLE	T <input checked="" type="checkbox"/> DELETE	31 TITLE	Secretary / Treasurer
NAME	MCGILL, PAMELA	32 NAME	Leigh Holt
STREET ADDRESS	300 HOSPITAL AVE.	33 STREET ADDRESS	500 E. Ocean Blvd.
CITY-ST-ZIP	STUART FL	34 CITY-ST-ZIP	Stuart, FL 34994
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOZZONE, ROBERT	42 NAME	
STREET ADDRESS	5400 E. AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERFAILLIE, ROLAND	52 NAME	
STREET ADDRESS	8000 S. US 1 #202	53 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFMAN, BRIAN	62 NAME	
STREET ADDRESS	830 MARTIN LUTHER KING BLVD.	63 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B. Mortham 4/5/96 407-288-5758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)