

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

P.O. BOX 1532
STUART FL 34995
US

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0279746

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(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
NAME	GRIFFITH, LYNDIA	
STREET ADDRESS	120 W. 6 STREET	
CITY - ST - ZIP	STUART FL	
TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	NORRIS, DON	
STREET ADDRESS	300 HOSPITAL AVE.	
CITY - ST - ZIP	STUART FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCGILL, PAMELA	
STREET ADDRESS	300 HOSPITAL AVE.	
CITY - ST - ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOZZONE, ROBERT	
STREET ADDRESS	5400 E. AVENUE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERFAILLIE, ROLAND	
STREET ADDRESS	8000 S. US 1 #202	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUFFMAN, BRIAN	
STREET ADDRESS	830 MARTIN LUTHER KING BLVD.	
CITY - ST - ZIP	STUART FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	VICE CHAIR
23 STREET ADDRESS	JAN SWINK
24 CITY - ST - ZIP	P.O. Box 2382
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Secretary / Treasurer
33 STREET ADDRESS	Leigh Holt
34 CITY - ST - ZIP	500 E. Ocean Blvd.
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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:

Lyndia S. Griffith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96
Date

407-288-5758
Daytime Phone #

CR2E037 (12/95)