

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761105

Entity Name: PRISON REHABILITATIVE INDUSTRIES AND DIVERSIFIED ENTERPRISES, INC.**FILED**
Apr 04, 2014
Secretary of State
CC0847071933**Current Principal Place of Business:**223 MORRISON ROAD
BRANDON, FL 33511**Current Mailing Address:**223 MORRISON ROAD
BRANDON, FL 33511 US**FEI Number: 59-2167018****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BREWTON, WILBUR E
225 S. ADAMS ST.
SUITE 250
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR

Name HANAS, RICHARD L

Address 1200 DUDA TRAIL

City-State-Zip: OVIEDO FL 32765

Title TREASURER, DIRECTOR

Name LUKIS, VICKI

Address 121 N. MONROE STREET
UNIT 1101

City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY, DIRECTOR

Name REEVES, JAMES J

Address 730 BAYFRONT PKWY STE. 4B

City-State-Zip: PENSACOLA FL 32502

Title PRESIDENT

Name EDGEMON, JACK L

Address 223 MORRISON RD.

City-State-Zip: BRANDON FL 33511

Title CFO

Name RADANOVICH, PETAR J

Address 223 MORRISON RD.

City-State-Zip: BRANDON FL 33511

Title DIRECTOR

Name JIMENEZ, TOMAS A

Address 8237 HUNTERS GROVE RD

City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR

Name CREWS, MICHAEL

Address 501 S. CALHOUN ST.

City-State-Zip: TALLAHASSEE FL 32301

Title ASST. SECRETARY

Name KIMINKI, DENISE A

Address 223 MORRISON ROAD

City-State-Zip: BRANDON FL 33511

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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: DENISE A. KIMINKI**CORPORATE ASST
SECRETARY****04/04/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GAREY, ALAN L
Address 2640 N. POWERLINE ROAD
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name BUSH, SHAWN D
Address 3100 CAMP ROAD
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name NICKLAUS, HARRY G
Address 5300 GULF BLVD.
City-State-Zip: ST. PETE BEACH FL 33706

Title DIRECTOR
Name ADAMIAK, ROBERT A
Address 3003 SOUTHWEST COLLEGE ROAD
SUITE 205
City-State-Zip: OCALA FL 34474

Title DIRECTOR
Name HOLDER, CARLYLE I
Address 322 HEATHER HILLS DRIVE
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name MUHAMMAD, TADAR
Address 12013 AGANA STREET
City-State-Zip: ORLANDO FL 32837