2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90054 042 ****61.25

718399

1. Entity Name
PARENTS & FRIENDS OF THE RETARDED OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
32853 53-6194 P.O. BOX 53-6194 ORLANDO, FL 32803 US	P.O. BOX 53-6194 ORLANDO, FL 32853 US

01102005

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7366832
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

6. Name and Address of Current Registered Agent

PATTERSON, ROBERT C.
2504 RAEFORD ROAD
ORLANDO, FL 32806

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CINNUINGHAM, CHARLENE
STREET ADDRESS	424 FAIRWAY POINT CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	T
NAME	PATTERSON, ROBERT G.
STREET ADDRESS	2504 RAEFORD ROAD
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	SR
NAME	PECKHOLDT, ADELE
STREET ADDRESS	2526 DONETAIL DR
CITY-ST-ZIP	OCOEE, FL 32761
TITLE	SD
NAME	LAMONT, HELEN
STREET ADDRESS	2021 MOHICAN TR
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	VP
NAME	LAFANO, ELIZABETH
STREET ADDRESS	13904 SE 86TH CIRCLE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	D
NAME	SYRING, LAVERNE
STREET ADDRESS	8212 CASCADE OAKS DR
CITY-ST-ZIP	ORLANDO, FL 32822

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert G. Patterson Feb. 8, 05 407-896-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

#718399 ATTACHMENT 50014359

Parents & Friends of the Retarded of Central Florida, Inc.
P.O. Box 6194
Orlando, Florida 32853

Year 2005
Board of Directors

Lillian Richards
7966 Swordfisk Lane
Orlando, Fl. 32822

Joseph Lofano
13904 S.E. 86th. Circle
Summerfield Fl. 34491

Joyce Decristoforo
6330 Nightwind Circle
Orlando Fl. 32818

Nelson Betancourt
5360 E. Kaley Street
Orlando Fl. 32812

Kevin Cole
719 Park Lake Circle
Orlando Fl. 32803

Anthoney Frattaroli
1577 Starfish Street
Kissimmee, Fl. 34744

Norma Loftis
6030 Gamble Drive
Orlando, Fl. 32808

Joanne Patterson
2504 Raeford Road
Orlando, Fl. 32806

Laverne Syring
8212 Cascade Oaks Drive
Orlando, Fl. 32822