

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008668

Entity Name: P.A.H.R INC.

**Current Principal Place of Business:**

2470 N.CARPENTER RD.  
AVON PARK, FL 33825

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC1887151049**

**Current Mailing Address:**

P.O.BOX 571  
SEBRING, FL 33871

**FEI Number: 47-1850080**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

AUSTIN, PATRICIA K MS  
2470 N.CARPENTER RD.  
AVON PARK, FL 33825 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            PRES  
Name            AUSTIN, PATRICIA K  
Address        2470 N.CARPENTER RD.  
City-State-Zip: AVON PARK FL 33825

Title            ST.D  
Name            FERNANDEZ, YUDITH  
Address        2400 SUNRISE DR.  
City-State-Zip: SEBRING, FL 33872

Title            DIR  
Name            GOMEZ, SANTIAGO  
Address        2153 ST.RD 64 W.  
City-State-Zip: AVON PARK FL 33825

Title            DIR  
Name            LEZAMA, GONZALO  
Address        944 GALAXY AVE.  
City-State-Zip: SEBRING FL 33875

Title            DIR  
Name            CHAMBERS, CHARLES L  
Address        606 49 ST.W  
City-State-Zip: BRADENTON, FL 34209

Title            TREA  
Name            BOURGEOIS, SANDRA  
Address        207 E.WINTROP ST.  
City-State-Zip: AVON PARK FL 33825

Title            DIRECTOR  
Name            TOUCHTON, DEXTER DR.  
Address        2491 N.CARPENTER RD.  
City-State-Zip: AVON PARK FL 33825

Title            SECRETARY  
Name            PADILLA, TAMMY  
Address        2015 N.NIGHTINGALE RD.  
City-State-Zip: AVON PARK FL 33825

**Continues on page 2**

*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: PATRICIA AUSTIN

PRESIDENT

04/30/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PADILLA, TAMMY  
Address        2015 N.NIGHTINGALE RD.  
City-State-Zip: AVON PARK FL 33825

Title           DIRECTOR  
Name           AUSTIN, PATRICIA  
Address        P.O.BOX 571  
City-State-Zip: SEBRING FL 33871