


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90032 050 \*\*\*\*61.25

<b>DOCUMENT # 718399</b>	
1. Entity Name <b>PARENTS &amp; FRIENDS OF THE RETARDED OF CENTRAL FLORIDA, INC.</b>	

Principal Place of Business 32853 53-6194 P.O. BOX 53-6194 ORLANDO, FL 32803 US	Mailing Address P.O. BOX 53-6194 ORLANDO, FL 32853 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>23-7366832</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
PATTERSON, ROBERT C. 2504 RAEFORD ROAD ORLANDO, FL 32806	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CINNUINGHAM, CHARLENE 424 FAIRWAY POINT CIRCLE ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTERSON, ROBERT G. 2504 RAEFORD ROAD ORLANDO, FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR PECKHOLDT, ADELE 2526 DONETAIL DR OCOE, FL 32761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMONT, HELEN 2021 MOHICAN TR MAITLAND, FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAFANO, ELIZABETH 13904 SE 86TH CIRCLE SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYRING, LAVERNE 8212 CASCADE OAKS DR ORLANDO, FL 32822 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORMA LOFTIS 6030 GAMBLE DRIVE ORLANDO, FL 32808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLENE CUNNINGHAM 424 FAIRWAY POINT CIRCLE ORLANDO, FL 32828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Robert G. Patterson</i>	Feb 7, 06	407-896-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

ATTACHMENT

40011425  
# 718399

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

**Year 2006  
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**

**Anthony Frattaroli  
1577 Starfish Street  
Kissimmee, Fl. 34744**

**Norma Loftis  
6030 Gamble Drive  
Orlando, Fl. 32808**

**Joanne Patterson  
2504 Raeford Road  
Orlando, Fl. 32806**

**Charlene Cunningham  
424 Fairway Pointe Circle  
Orlando, Fl. 32828**