

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90004 046 ****61.25

DOCUMENT # 735433

1. Entity Name

PARENTS AND FRIENDS OF HANDICAPPED CITIZENS, INC.



Principal Place of Business

1038 SUNSHINE DR E
LAKELAND FL 33801

Mailing Address

2745 SUNSHINE DR.
LAKELAND FL 33801

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

1206 LAKE MIRIAM DR.

Suite, Apt. #, etc.

City & State

LAKELAND FL

Zip

Country

Zip

Country

33813

POLK

4. FEI Number
59-2311542

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SKOKAN, OTTO R.
1323 LK BONNY DR, WEST
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name **ALICE F. MUSSO**

Street Address (P.O. Box Number is Not Acceptable)
1206 LAKE MIRIAM DR

City **LAKELAND**

FL

Zip Code
33813

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 *Alice F Musso*

ALICE F. MUSSO

1/27/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **FORTIN, GRACE**
STREET ADDRESS **4260 DUCHESS DR**
CITY-ST-ZIP **LAKELAND FL 33811**

TITLE **D** ☐ Delete
NAME **EARNST, BENJAMIN DR.**
STREET ADDRESS **923 WOODMON LANE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☐ Delete
NAME **YONKER, HAROLD**
STREET ADDRESS **1610 REYNOLDS RD, 52 CITRUS WOOD**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **D** ☐ Delete
NAME **SKOKAN, OLGA**
STREET ADDRESS **1323 LK BONNY DR.**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **DP** ☐ Delete
NAME **MUSSO, ALICE**
STREET ADDRESS **206 LK MARIAN DR.**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **TD** ☒ Delete
NAME **SKOKAN, OTTO**
STREET ADDRESS **1323 LK. BONNY DR W.**
CITY-ST-ZIP **LAKELAND FL 33801-2393**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
NAME **DOROTHY JAVORSKY**
STREET ADDRESS **4000 S. FLORIDA AVE # 913**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Alice F Musso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04 863-644-1145

Date

Daytime Phone #