

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735433

FILED
Jan 12, 2005
Secretary of State

Entity Name: PARENTS AND FRIENDS OF HANDICAPPED CITIZENS, INC

Current Principal Place of Business:

1038 SUNSHINE DR E
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

1206 LAKE MIRIAM DR
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-2311542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSSO, ALICE F
1206 LAKE MIRIAM DR
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: FORTIN, GRACE
Address: 4260 DUCHESS DR
City-St-Zip: LAKELAND, FL 33811

Title: D () Delete
Name: EARNEST, BENJAMIN DR.
Address: 923 WOODMON LANE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: YONKER, HAROLD
Address: 1610 REYNOLDS RD, 52 CITRUS WOOD
City-St-Zip: LAKELAND, FL 33801

Title: D (X) Delete
Name: SKOKAN, OLLAE
Address: 1323 LK BONNY DR.
City-St-Zip: LAKELAND, FL 33801

Title: DP (X) Delete
Name: MUSSO, ALICE
Address: 206 LK MARIAN DR.
City-St-Zip: LAKELAND, FL 33803

Title: TD (X) Delete
Name: JAVORSKY, DOROTHY
Address: 4000 S FLORIDA AVE # 913
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BALOGH, SHIRLEY A
Address: 1038 SUNSHINE DRIVE EAST
City-St-Zip: LAKELAND, FL 33801

Title: D (X) Change () Addition
Name: JAVORSKY, DOROTHY
Address: 4000 S. FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33801

Title: DT (X) Change () Addition
Name: MUSSO, ALICE F
Address: 1206 LAKE MIRIAM DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SHIRLEY A. BALOGH

P

01/12/2005

Electronic Signature of Signing Officer or Director

Date