

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90112 009 \*\*\*\*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**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

**33801**

Country **USA**

Zip **33801**

Country **USA**

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 **SAME**

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

*Otto R Skokan*  
Signature, typed or printed name of registered agent and title if applicable.

**OTTO R. SKOKAN**

**1-7-03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FORTIN, GRACE 4260 DUCHESS DR LAKELAND FL 33811</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOLAND, VINCENT 1810 PETERSBURG AVE LAKELAND FL 33803</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D YONKER, HAROLD 1610 REYNOLDS RD, 52 CITRUS WOOD LAKELAND FL 33801</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HIERS, CLAUDE 6811 RED FOX RUN LAKELAND FL 33813</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP HODGKINSON LOU MRS. 2820 NO CANAL DR. LAKELAND FL 33801</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SKOKAN, OTTO 1323 LK. BONNY DR W. LAKELAND FL 33801-2393</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR. BENJAMIN FRANKLIN 923 WOODMONT LANE LAKELAND FL 33813</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MRS OLGA B. SKOKAN 1323 LK BONNY DR W. LAKELAND FL 33801</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MRS ALICE MUSSO 1206 LK MARIAN DR LAKELAND FL 33803</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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: *Otto R Skokan* **OTTO R. SKOKAN 1-7-03**