

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006693

FILED
Feb 17, 2011
Secretary of State

Entity Name: PARENTS HELPING PARENTS OF FLORIDA, INC.

Current Principal Place of Business:

1109 SE 33RD AVE.
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1109 SE 33RD AVE.
OCALA, FL 34471

New Mailing Address:

FEI Number: 02-0643074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES-MILLER, SYLVIA
1109 SE 33RD AVE.
OCALA, FL 34471 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: PD
Name: JAMES-MILLER, SYLVIA
Address: 1109 SE 33RD AVE.
City-St-Zip: Ocala, FL 34471

Title: VD
Name: KISSOONDYAL, PAM
Address: 5113 NW 59TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: DT
Name: QUIGLEY, SUSANE
Address: 4040 SE 57TH CT
City-St-Zip: Ocala, FL 34480

Title: DS
Name: MOSS, JENNIFER
Address: 6002 FOX HUNT TRAIL
City-St-Zip: ORLANDO, FL 32808

Title: D
Name: GARLIN, MARGARITA
Address: 12313 TROUT CIRCLE
City-St-Zip: SPRING HILL, FL 34609

Title: D
Name: WARD, KRISTIE
Address: 7913 SW 58TH TRAIL
City-St-Zip: LAKE BUTLER, FL 32054

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: SYLVIA JAMES-MILLER

PD

02/17/2011

Electronic Signature of Signing Officer or Director

Date