


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000007432	
1. Entity Name MANDO PARRA FOUNDATION FOR CHILDREN WITH SPECIAL NEEDS, INC.	

Principal Place of Business 1323 20TH TERRACE KEY WEST, FL 33040	Mailing Address 1323 20TH TERRACE KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



03022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 48-1277321	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KELLEY, ALBERT L
926 TRUMAN AVE
KEY WEST, FL 33040

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000307698 04/15/05-80064-013 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARBONELL, JOHN III 1323 20TH TERRACE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARBONELL, DEANA 1323 20TH TERRACE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBONELL, JOHN IV 1323 20TH TERRACE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Deana Carbonell **4-12-05** **305-296-6166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #