



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90164 044 \*\*\*\*70.00

<b>DOCUMENT # N04000003384</b> 1. Entity Name <b>CENTER HUMAN INTEGRATION LOVE &amp; DEDICATION, INC.</b>					
Principal Place of Business <b>108 PINE DRIVE LAKE PLACID, FL 33852</b>			Mailing Address <b>P. O. BOX 2336 LAKE PLACID, FL 33862</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-2599045</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ALBERNI, JOSE D 108 PINE DRIVE LAKE PLACID, FL 33852</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBERNI, LOURDES A 108 PINE DRIVE LAKE PLACID, FL 33852	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBERNI, LOURDES A P.O. Box 2336 LAKE PLACID, FL 33862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BALDODANO, LAURA A 918 E. TIMBERWOOD CIRCLE SPOKANE, WA 99208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BALDODANO, LAURA A 360 NW JANET STREET PULLMAN, WA 99163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRIDO, LISETTE 108 PINE DRIVE LAKE PLACID, FL 33852	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D GARRIDO, LISETTE 360 NW JANET STREET PULLMAN, WA 99163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C UKENYE, SUNNY 18154 SW 54 AVENUE MIAMI, FL 33187	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D UKENYE, SUNNY P.O. Box 2336 LAKE PLACID, FL 33862
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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.					
<b>SIGNATURE:</b> 				<b>4-28-05 (239) 246-3680</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	