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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14992 (4)

1. Corporation Name

HANDICAPPED AMERICANS LOVE OF LIFE ORGANIZATION,
INC.

Principal Place of Business

Mailing Address

3570 U.S. 27 SOUTH
SEBRING FL 33870

3570 U.S. 27 SOUTH
SEBRING FL 33870-5450



3. Date Incorporated or Qualified
05/20/1986

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
59-2810368

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

PIERETTI, DEANNA
1214 LAKEWOOD AVE
SEBRING FL 33872

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCEO
NAME PIERETTI, DEANNA
STREET ADDRESS 1214 LAKEWOOD AVE
CITY-ST-ZIP SEBRING FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CDT
NAME PATRICIA PELLA
STREET ADDRESS 138 S RIDGEWOOD DR
CITY-ST-ZIP SEBRING FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS
NAME RICHARD DAYTON
STREET ADDRESS 3838 U.S. 27 S
CITY-ST-ZIP SEBRING FL

3.1 TITLE D
3.2 NAME Beth Norman
3.3 STREET ADDRESS 326 Francis St
3.4 CITY-ST-ZIP

TITLE D
NAME DAVID GREENSLADE
STREET ADDRESS P.O. DRAWER 3347
CITY-ST-ZIP SEBRING FL

4.1 TITLE
4.2 NAME Brad N. Smith
4.3 STREET ADDRESS 2027 U.S. 27 S
4.4 CITY-ST-ZIP

TITLE D
NAME KATHLEEN CRIVELLO
STREET ADDRESS 6314 U.S. 27 S
CITY-ST-ZIP SEBRING FL

5.1 TITLE D/C
5.2 NAME Jim Armstrong
5.3 STREET ADDRESS 4141 U.S. 27 N
5.4 CITY-ST-ZIP

TITLE DP
NAME OBRIEN, BILL
STREET ADDRESS 13 TWIN LAKES ROAD
CITY-ST-ZIP LAKE PLACID FL 33852

6.1 TITLE D/S
6.2 NAME Linda Quarles
6.3 STREET ADDRESS 3838 U.S. 27 S
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Deanna Pieretti* 4-25-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054223

CR2E037 (9/96)