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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14992 (4)
1. Corporation Name
HANDICAPPED AMERICANS LOVE OF LIFE ORGANIZATION, INC.

Principal Place of Business 3570 U.S. 27 SOUTH SEBRING FL 33870	Mailing Address 3570 U.S. 27 SOUTH SEBRING FL 33870
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3. Date Incorporated or Qualified
05/20/1986

4. FEI Number 59-2810368	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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		
TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	PIERETTI, DEANNA	
STREET ADDRESS	1214 LAKEWOOD AVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	CDT	<input checked="" type="checkbox"/> DELETE
NAME	PATRICIA PELLA	
STREET ADDRESS	136 S RIDGEWOOD DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORMAN, BETH	
STREET ADDRESS	326 FRANCIS ST	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, BRAD N	
STREET ADDRESS	2027 US 27 S	
CITY-ST-ZIP	SEBRING FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, JIM	
STREET ADDRESS	4141 US 27 N	
CITY-ST-ZIP	SEBRING FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	QUARLES, LINDA	
STREET ADDRESS	3838 US 27 S	
CITY-ST-ZIP	LAKE PLACID FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Doris Yarbrough	
2.3 STREET ADDRESS	1555 Oak Ave	
2.4 CITY-ST-ZIP	Lake Placid FL 33852	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Amy Nelson	
4.3 STREET ADDRESS	1309 Oakwood Dr	
4.4 CITY-ST-ZIP	Sebring FL 33870	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Tom Meekins	
6.3 STREET ADDRESS	201 US 27 S	
6.4 CITY-ST-ZIP	Sebring FL 33870	

14. 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 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* **DEANNA PIERETTI**
2-2-98 9413854555

CR2E037 (10/97)