

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90056 020 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14992

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/20/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2810368

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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 33872

TITLE DT
NAME YARBOUGH, DORIS
STREET ADDRESS 1555 OAK AVE
CITY-ST-ZIP LAKE PLACID FL 33852

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

TITLE D
NAME NORMAN, BETH
STREET ADDRESS 326 FRANCIS ST
CITY-ST-ZIP SEBRING FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33872

TITLE D
NAME NELSON, AMY
STREET ADDRESS 1309 OAKWOOD DR
CITY-ST-ZIP SEBRING FL 33870

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DC
NAME ARMSTRONG, JIM
STREET ADDRESS 4141 US 27 N
CITY-ST-ZIP SEBRING FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33870

TITLE D
NAME MEEKINS, TOM
STREET ADDRESS 201 US 27 S
CITY-ST-ZIP SEBRING FL 33870

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP D
Michael Kaplan
509 N. Pine St
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIERETTI 4-16-99 941 385-4555

Date

Daytime Phone #

CR2E037 (1/98)