

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90059 019 ****61.25

DOCUMENT # N14992 1. Entity Name HANDICAPPED AMERICANS LOVE OF LIFE ORGANIZATION, INC.			
Principal Place of Business 1214 LAKE WOOD AVENUE SEBRING FL 33875		Mailing Address PO BOX 7082 SEBRING FL 33872	
2. Principal Place of Business 109 MEDICAL GR. AVE		3. Mailing Address P.O. Box 7082	
Suite, Apt. #, etc. 5		Suite, Apt. #, etc.	
City & State SEBRING FL		City & State SEBRING FL	
Zip 33870		Zip 33872	
Country USA		Country USA	
6. Name and Address of Current Registered Agent PIERETTI, DEANNA 1214 LAKEWOOD AVE SEBRING FL 33875		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;"> FL Zip Code </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)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO PIERETTI, DEANNA 1214 LAKEWOOD AVE SEBRING FL 33875	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BURGER, EUGENE PO BOX 56 LORIDA FL 33857	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NELSON, AMY 1800 OAKWOOD DR SEBRING FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MARY MIXON 707 W. RUTH ST. AVON PARK FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOLDT, CATHY 2119 AVALON RD. SEBRING FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKENZIE, SHELLEY 2000 THUNDERBIRD RD. SUITE A SEBRING FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYCHINSON, BOBBIE 1305 SPRINKS LANE SEBRING FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE:		DEANNA PIERETTI 4-19-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # 863 3851196	