

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90196 033 ****61.25

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| DOCUMENT # N14992 1. Entity Name HANDICAPPED AMERICANS LOVE OF LIFE ORGANIZATION, INC. | | | |  | |
| Principal Place of Business 112 MEDICAL CTR. AVE. SEBRING, FL 33870 US | | | Mailing Address PO BOX 7082 SEBRING, FL 33872 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2810368 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 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) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | P | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit |
| NAME | PIERETTI, DEANNA | | NAME | | |
| STREET ADDRESS | 1214 LAKEWOOD AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | SEBRING, FL 33875 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit |
| NAME | MCGOVERN, MARY J | | NAME | Pamela Dziewiatkowski | |
| STREET ADDRESS | 6612 PRINCE AVE | | STREET ADDRESS | 3237 Buckingham RD | |
| CITY-ST-ZIP | SEBRING, FL 33875 | | CITY-ST-ZIP | Avon Park, FL 33825 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit |
| NAME | BOLDT, CATHY | | NAME | Sally McDougall | |
| STREET ADDRESS | 2119 AVALON RD. | | STREET ADDRESS | 102 Karola Drive | |
| CITY-ST-ZIP | SEBRING, FL 33870 | | CITY-ST-ZIP | Sebring, FL 33870 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
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| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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01212006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicab

\$8.75 Additional Fee Required

FL

Zip Code

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* DEANNA PIERETTI

4-24-06