

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90346 014 \*\*\*\*61.25

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # N14992</b><br>1. Entity Name<br><b>HANDICAPPED AMERICANS LOVE OF LIFE ORGANIZATION, INC.</b>   |   |  |  |  |  |
| Principal Place of Business<br><b>112 MEDICAL CTR. AVE.<br/>SEBRING, FL 33870 US</b>   |   |  | Mailing Address<br><b>PO BOX 7082<br/>SEBRING, FL 33872 US</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |  |  |
| City & State<br><br>Zip      Country   |   | City & State<br><br>Zip      Country   |  | 4. FEI Number<br><b>59-2810368</b><br>Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   | 04232008    Chg-NP    CR2E037 (12/08)  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PIERETTI, DEANNA<br/>1214 LAKEWOOD AVE<br/>SEBRING, FL 33875</b>   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>   |   |  |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b> <input type="checkbox"/> Delete<br><b>PIERETTI, DEANNA<br/>1214 LAKEWOOD AVE<br/>SEBRING, FL 33875</b>           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1214 WOODBURY AVE</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DS</b> <input type="checkbox"/> Delete<br><b>DZIEWIATKOWSKI, PAMELA<br/>3237 BUCKINGHAM RD<br/>AVON PARK, FL 33825</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DT</b> <input checked="" type="checkbox"/> Delete<br><b>MCDUGALL, SALLY<br/>102 KAROLA DR<br/>SEBRING, FL 33870</b>    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>DT<br/>VIRGINIA CUMMINS<br/>2720 HACIENDA DR<br/>P.O. BOX 533<br/>LORIDA FL 33857</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |   |  |  |  |  |
| <b>SIGNATURE: <u>Deanna Pieretti</u> DEANNA PIERETTI    4-24-08    3851196</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>   |   |  |  |  |  |