

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14992

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** HANDICAPPED AMERICANS LOVE OF LIFE ORGANIZATION, INC.

**Current Principal Place of Business:**

112 MEDICAL CTR. AVE.  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7082  
SEBRING, FL 33872 US

**New Mailing Address:**

**FEI Number:** 59-2810368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIERETTI, DEANNA  
1214 LAKEWOOD AVE  
SEBRING, FL 33875 US

**Name and Address of New Registered Agent:**

PIERETTI, DEANNA  
1214 WOODBURY AVE  
SEBRING, FL 33875 US

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.

SIGNATURE:

04/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PIERETTI, DEANNA  
Address: 1214 WOODBURY AVE  
City-St-Zip: SEBRING, FL 33875

Title: DS ( ) Delete  
Name: DZIEWIATKOWSKI, PAMELA  
Address: 3237 BUCKINGHAM RD  
City-St-Zip: AVON PARK, FL 33825

Title: DT ( ) Delete  
Name: CUMMINS, VIRGINIA  
Address: 2720 HACIENDA DR  
City-St-Zip: LORIDA, FL 33857

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: PIERETTI, DEANNA  
Address: 1214 WOODBURY AVE  
City-St-Zip: SEBRING, FL 33875

Title: DP (X) Change ( ) Addition  
Name: DZIEWIATKOWSKI, PAMELA  
Address: 3237 BUCKINGHAM RD  
City-St-Zip: AVON PARK, FL 33825

Title: DST (X) Change ( ) Addition  
Name: CUMMINS, VIRGINIA  
Address: 2720 HACIENDA DR  
City-St-Zip: LORIDA, FL 33857

Title: D ( ) Change (X) Addition  
Name: CAMPBELL, GLORIA  
Address: 5609 OLIVE RD  
City-St-Zip: SEBRING, FL 33875

Title: D ( ) Change (X) Addition  
Name: LEWIS, LOIS  
Address: 353 HICKORY RIDGE DR  
City-St-Zip: SEBRING, FL 33876

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEANNA PIERETTI

CEO

04/23/2009

Electronic Signature of Signing Officer or Director

Date