

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 08, 2011**  
**Secretary of State**

DOCUMENT# N21800

**Entity Name:** PALS-PARENTS FOR ABLE LEARNER STUDENTS, INC.**Current Principal Place of Business:**5101 LAKE IN THE WOODS BLVD.  
C/O TERRY WILSON  
LAKELAND, FL 33813 US**New Principal Place of Business:**6151 S. W. 8TH COURT  
PLANTATION, FL 33317 US**Current Mailing Address:**5101 LAKE IN THE WOODS BLVD.  
C/O TERRY WILSON  
LAKELAND, FL 33813 US**New Mailing Address:**6151 S. W. 8TH COURT  
PLANTATION, FL 33317 US**FEI Number:** 59-2853699**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WILSON, TERRY S  
5101 LAKE IN THE WOODS BLVD.  
LAKELAND, FL 33813 US**Name and Address of New Registered Agent:**MARTIN, JENNIFER  
6151 S. W. 8TH COURT  
PLANTATION, FL 33317 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: JENNIFER MARTIN

11/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GUSTAFSON, CINDY  
Address: 4147 DAISY DRIVE  
City-St-Zip: HERNANDO BEACH, FL 34607 US

Title: VP  
Name: MARTIN, JENNIFER  
Address: 6151 S.W. 8TH COURT  
City-St-Zip: PLANTATION, FL 33317 US

Title: D  
Name: DEMONBRUN, TOM  
Address: 2021 KILDARE CIRCLE  
City-St-Zip: NICEVILLE, FL 32578 US

Title: D  
Name: BURK-HUTCHINS, CAROLYN  
Address: 871 JAMESTOWN DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D  
Name: CARELLA, MEGAN  
Address: 8865 E ROSEMONT STREET  
City-St-Zip: INVERNESS, FL 34450 US

Title: D  
Name: BORDEN, AUDREY  
Address: 4280 KEY LIME BOULEVARD  
City-St-Zip: BOYNTON BEACH, FL 33436 US

I hereby 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 all other like empowered.

SIGNATURE: CINDY GUSTAFSON

PRES

11/08/2011

Electronic Signature of Signing Officer or Director

Date

**Document Number: N21800**

**Tracking Number: 600214110326**

**Addendum to 2011 Amended Annual Report**

Additional Officer/Director Information:

Title:	D
Name (Last, First, Middle, Title):	Seres, Patricia
Address:	1984 Glenfield Crossing Court
City, State:	St. Augustine, Florida
Zip Code & Country:	32092 US

Title:	D
Name (Last, First, Middle, Title):	Hanfmann, Diane
Address:	14811 66th Trail North
City, State:	Palm Beach Gardens, Florida
Zip Code & Country:	33418 US