

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005835

FILED  
Apr 20, 2005  
Secretary of State

**Entity Name:** PARENTS REALLY INVOLVED IN DEAF EDUCATION, INC.

**Current Principal Place of Business:**

PO BOX 771321  
CORAL SPRINGS, FL 330771121 US

**New Principal Place of Business:**

PO BOX 771321  
CORAL SPRINGS, FL 330771321 US

**Current Mailing Address:**

P.O BOX 771121  
CORAL SPRINGS, FL 330771121 US

**New Mailing Address:**

P.O BOX 771321  
CORAL SPRINGS, FL 330771321 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

GIOELLO, MICHELINA P  
5010 NW 77 COURT  
HILLSBORO PINES  
POMPANNO BEACH, FL 33073 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GIOELLE, MICHELINA  
Address: 5010 NW 77TH COURT  
City-St-Zip: POMPANNO BEACH, FL 33073 US

Title: VD ( ) Delete  
Name: HARTER, CHERYL  
Address: 204 NW 17TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: SD ( ) Delete  
Name: DELAROSA, KATHLEEN  
Address: 10660 NW 21 COURT  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: TD ( ) Delete  
Name: HURD, CINDY  
Address: 11877 CLASSIC DR  
City-St-Zip: CORAL SPRINGS, FL 33071 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CINDY HURD

TD

04/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date