

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001103

FILED
Jan 11, 2004
Secretary of State**Entity Name:** FLORIDA'S VOICE ON MENTAL RETARDATION, INC.**Current Principal Place of Business:**% ARLENE LAKIN, ESQ.
5591 N.E. 28TH AVE.
FT. LAUDERDALE, FL 33308**New Principal Place of Business:****Current Mailing Address:**% ARLENE LAKIN, ESQ.
5591 N.E. 28TH AVE.
FT. LAUDERDALE, FL 33308**New Mailing Address:****FEI Number:** 65-0564618**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LAKIN, ARLENE ESQ.
5591 N.E. 28TH AVE.
FT. LAUDERDALE, FL 33308 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: LAKIN, ARLENE ESQ.
Address: 5591 NE 28TH AVE
City-St-Zip: FT LAUDERDALE, FL 33308 US**Title:** D () Delete
Name: BLUM, BETTY
Address: 19945 NE 10 PL. WAY
City-St-Zip: MIAMI, FL 33179**Title:** TD () Delete
Name: BALDUCCI, TITO
Address: 2500 SW 81 AVE BLDG 5 APT 301
City-St-Zip: FORT LAUDERDALE, FL 33324**Title:** VD () Delete
Name: ENGELS, LENI
Address: 4812 GARFIELD ST.
City-St-Zip: HOLLYWOOD, FL 33021**Title:** SD () Delete
Name: GAINES, ADAH
Address: 21 JACARANDA DR, #122
City-St-Zip: PLANTATION, FL 33324**Title:** TD () Delete
Name: PHILLIPS, JODY MRS
Address: 581 N.W. 75TH TERR.
City-St-Zip: PLANTATION, FL 33317**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
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Address:
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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: ARLENE LAKIN

PD

01/11/2004

Electronic Signature of Signing Officer or Director

Date