

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000001103

1. Entity Name

FLORIDA'S VOICE ON MENTAL RETARDATION, INC.



Principal Place of Business

% ARLENE LAKIN, ESQ.
5591 N.E. 28TH AVE.
FT. LAUDERDALE FL 33308

Mailing Address

% ARLENE LAKIN, ESQ.
5591 N.E. 28TH AVE.
FT. LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0564618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAKIN, ARLENE ESQ.
5591 N.E. 28TH AVE.
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LAKIN, ARLENE ESQ.
STREET ADDRESS 5591 NE 28TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE D ☐ Delete
NAME BLUM, BETTY
STREET ADDRESS 19945 NE 10 PL. WAY
CITY-ST-ZIP MIAMI FL 33179

TITLE TD ☐ Delete
NAME BALDUCCI, TITO
STREET ADDRESS 2500 SW 81 AVE BLDG 5 APT 301
CITY-ST-ZIP FORT LAUDERDALE FL 33324

TITLE VD ☐ Delete
NAME ENGELS, LENI
STREET ADDRESS 4812 GARFIELD ST.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE SD ☐ Delete
NAME GAINES, ADAH
STREET ADDRESS 21 JACARANDA DR, #122
CITY-ST-ZIP PLANTATION FL 33324

TITLE TD ☐ Delete
NAME PHILLIPS, JODY MRS
STREET ADDRESS 581 N.W. 75TH TERR.
CITY-ST-ZIP PLANTATION FL 33317

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000219906
CITY-ST-ZIP 02/08/05-80045-014 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: *Jody Phillips* Jody Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/05 9543031562

Date Daytime Phone