

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001149

1. Corporation Name

PINEY GROVE HUMAN SERVICES CORPORATION, INC.

Principal Place of Business

 1100 NW 4TH STREET
FT. LAUDERDALE FL 33311

Mailing Address

 1100 NW 4TH STREET
FT. LAUDERDALE FL 33311

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90015 014 ****61.25

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 Suite, Apt. #, etc.		2b. 9943 NW 2nd Court		02/26/1998	
2 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
3 City & State		29 33324		65-0813429	
Zip		Country		5. Certificate of Status Desired	
25		30 USA		<input type="checkbox"/> \$8.75 Additional... <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

 TOLBERT, ARNOLD
9963 N.W. 2ND COURT
PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

 SIGNATURE: Arnold James Tolbert DATE: 7/3/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	ROBINSON, ASHLEY	1.2 NAME	Tolbert, Arnold
STREET ADDRESS	102 GARDEN DR. #103	1.3 STREET ADDRESS	9943 NW 2nd Court
CITY-ST-ZIP	POMPANO BEACH FL 33069	1.4 CITY-ST-ZIP	Plantation FL 33324
TITLE	DP	2.1 TITLE	
NAME	ROBINSON, LENNARD	2.2 NAME	
STREET ADDRESS	1631 NW 24TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	
TITLE	STATEN	3.1 TITLE	
NAME	STATEN, CONSTANCE	3.2 NAME	
STREET ADDRESS	1706 NW 27TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33313	3.4 CITY-ST-ZIP	
TITLE	BVP, DP	4.1 TITLE	
NAME	CRAWFORD, CARL	4.2 NAME	
STREET ADDRESS	2737 NW 24TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	DEGRAFFENREIDT, EDDIE P	5.2 NAME	
STREET ADDRESS	1706 NW 27TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BOWENS, LYDIA	6.2 NAME	
STREET ADDRESS	435 NW 14TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	6.4 CITY-ST-ZIP	

4. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOD

7/3/99

Date

(954) 476-6937

Daytime Phone #

CR2E037 (5/99)