

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-15-2004 90082 041 ****70.00

DOCUMENT # N98000001149					
1. Entity Name PINEY GROVE HUMAN SERVICES CORPORATION, INC.					
Principal Place of Business 1100 NW 4TH STREET FT. LAUDERDALE, FL 33311			Mailing Address 9963 NW 2ND COURT PLANTATION, FL 33324 US		
2. Principal Place of Business		3. Mailing Address 1100 NW 4 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Fort Lauderdale, FL			
Zip	Country	Zip 33311	Country U.S.A.	4. FEI Number 65-0813429	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOLBERT, ARNOLD 9963 N.W. 2ND COURT PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name: Adams, Gwendolyn Street Address (P.O. Box Number is Not Acceptable): 3340 NW 7 COURT Fort Lauderdale, City: FL Zip Code: 33311		
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: <u>Gwendolyn Adams</u> DATE: <u>3/4/04</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE D NAME ROBINSON, ASHLEY STREET ADDRESS 102 GARDEN DR. #103 CITY-ST-ZIP POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete				
TITLE DP NAME TOLBERT, ARNOLD STREET ADDRESS 9963 NW 2ND COURT CITY-ST-ZIP PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete				
TITLE D NAME CRAWFORD, CARL STREET ADDRESS 2737 NW 24TH AVE CITY-ST-ZIP FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete				
TITLE D NAME DEGRAFFENREIDT, EDDIE P STREET ADDRESS 1706 NW 27TH TERRACE CITY-ST-ZIP FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete				
TITLE D NAME DEGRAFFENREIDT, EDDIE P STREET ADDRESS 1706 NW 27TH TERRACE CITY-ST-ZIP FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
Gibbs, Vonice (Treasurer) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7497 NW 49 PLACE LAUDERHILL, FL 33319					
BOWEN, DEBORAH (DIRECTOR) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10340 NW 12 PLACE PLANTATION, FL 33322					
ADAMS, GWENDOLYN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3340-NW 7-COURT (SECRETARY) Fort Lauderdale, FL 33311					
ROBERTS, JOSEPH L. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7921 NW 53 Street (DIRECTOR PRESIDENT) LAUDERHILL, FL 33351					
Covington, Jerry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3050 SW 5 Street (DIRECTOR) Fort Lauderdale, FL 33312					
Jones, Florence <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 531 NW 37 AVENUE (DIRECTOR) Fort Lauderdale, FL 33311					
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 officers empowered.					
SIGNATURE: <u>Joseph L. Roberts</u> DATE: <u>3/4/04</u> PHONE: <u>954-463-8286</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment

06408213

The Historic
FIRST BAPTIST CHURCH PINEY GROVE
Since 1904

Reverend Joseph L. Roberts, Pastor

March 25, 2004

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Subject: Piney Grove Human Services Corporation, Inc
Reference Number: N98000001149

To Whom It May Concern:

In response to your letter, here are the names and title the following individuals:

Name	Title
Adams, Gwendolyn	Secretary
Bowen, Deborah	Director
Covington, Jerry	Director
Gibbs, Vonice	Treasurer
Jones, Florence	Director
Roberts, Joseph L.	Director President

If there are any further questions, please give the office a call at 954-463-8286. Thank you.

Jj/

1100 Northwest 4th Street • Fort Lauderdale, Florida 33311
Phone: (954) 463-8286 • Fax: (954) 779-1792
Email: jlrob53@aol.com