

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

FILED
Mar 19, 2005 08:00 AM
Secretary of State

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

1100 NW 4TH STREET
FT. LAUDERDALE FL 33311
US

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

65-0813429

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GWENDOLYN, ADAMS
3340 NW 7 COURT
FORT LAUDERDALE FL 33311

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 \$81.25
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	T	<input type="checkbox"/> Delete
NAME	GIBBS, VANICE	
STREET ADDRESS	7497 NW 49 PLACE	
CITY- ST- ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWEN, DEBORAH	
STREET ADDRESS	10340 NW 12 PLACE	
CITY- ST- ZIP	PLANTATION FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, CARL	
STREET ADDRESS	2737 NW 24TH AVE	
CITY- ST- ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEGRAFFENREIDT, EDDIE P	
STREET ADDRESS	1706 NW 27TH TERRACE	
CITY- ST- ZIP	FT. LAUDERDALE FL 33311	
TITLE	S	<input type="checkbox"/> Delete
NAME	ADAMS, EWENDOLYN	
STREET ADDRESS	3340 NW 7 COURT	
CITY- ST- ZIP	FORT LAUDERDALE FL 33311	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ROBERTS, JOSEPH L	
STREET ADDRESS	7921 NW 53 STREET	
CITY- ST- ZIP	LAUDERHILL FL 33351	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000263902
CITY- ST- ZIP	03/19/05-80030-008 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #