


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90147 010 \*\*\*\*70.00

<b>DOCUMENT # N98000001149</b> 1. Entity Name <b>PINEY GROVE HUMAN SERVICES CORPORATION, INC.</b>					
Principal Place of Business <b>1100 NW 4TH STREET FT. LAUDERDALE, FL 33311</b>			Mailing Address <b>1100 NW 4TH STREET FT. LAUDERDALE, FL 33311 US</b>		
2. Principal Place of Business <b>4699 W. Oakland Park Blvd.</b>		3. Mailing Address <b>4699 W. Oakland Park Blvd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192006 Chg-NP CR2E037 (11/05)	
City & State <b>Lauderdale Lakes, FL</b>		City & State <b>Lauderdale Lakes, FL</b>		4. FEI Number <b>65-0813429</b>	
Zip <b>33313</b>		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33311</b>		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GWENDOLYN, ADAMS 3340 NW 7 COURT FORT LAUDERDALE, FL 33311</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIBBS, VANICE 7497 NW 49 PLACE LAUDERHILL, FL 33319 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gibbs, Vonice <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, DEBORAH 10340 NW 12 PLACE PLANTATION, FL 33322 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, CARL 2737 NW 24TH AVE FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGRAFFENREIDT, EDDIE P 1706 NW 27TH TERRACE FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, EWENDOLYN 3340 NW 7 COURT FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adams, Gwendolyn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, JOSEPH L 7921 NW 53 STREET LAUDERHILL, FL 33351 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4-24-06</b> Daytime Phone # <b>954-755-1500</b>	