


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000006811</b>	
1. Entity Name <b>PARENTS PLANNING PROGRAMS FOR THE DEVELOPMENTALLY DISABLED OF FLORIDA, INC.</b>	

Principal Place of Business <b>356 LAS OLAS DRIVE MELBOURNE BEACH, FL 32951</b>	Mailing Address <b>356 LAS OLAS DRIVE MELBOURNE BEACH, FL 32951</b>
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**DO NOT WRITE IN THIS SPACE**



01032004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3573781</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>KLAUSMAN, LILA A 356 LAS OLAS DRIVE MELBOURNE BEACH, FL 32951</b>
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IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, SUE D 991 GRAPEFRUIT ROAD S.E PALM BAY, FL 32999
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D AMALFITANO, EUGENIE A S/D 705 RIVERSIDE DRIVE MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KLAUSMAN, LILA A P 356 LAS OLAS DRIVE MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D BIANCO-YANETTA, PRISCILLA VP/D 2896 MADERIA CIRCLE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D KLAUSMAN, EUGENE F T/D 356 LAS OLAS DRIVE MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000107409  
04/09/04-80013-024 61.25

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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:** EUGENE F. KLAUSMAN Eugene F. Klausman 4/6/04 321 724-8899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #