

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N99000006811**



1. Entity Name

PARENTS PLANNING PROGRAMS FOR THE DEVELOPMENTALLY DISABLED OF FLORIDA, INC.

Principal Place of Business

356 LAS OLAS DRIVE
MELBOURNE BEACH FL 32951

Mailing Address

356 LAS OLAS DRIVE
MELBOURNE BEACH FL 32951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3573781**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KLAUSMAN, LILA A
356 LAS OLAS DRIVE
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

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 \$61.25

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME CANNON, SUE D
STREET ADDRESS 991 GRAPEFRUIT ROAD S.E.
CITY-ST-ZIP PALM BAY FL 32999

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE S/D
NAME AMALFITANO, EUGENIE A S/D
STREET ADDRESS 705 RIVERSIDE DRIVE
CITY-ST-ZIP MELBOURNE BEACH FL 32951

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE P/D
NAME KLAUSMAN, LILA A P
STREET ADDRESS 356 LAS OLAS DRIVE
CITY-ST-ZIP MELBOURNE BEACH FL 32951

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE VP/D
NAME BIANCO-YANETTA, PRISCILLA VP/D
STREET ADDRESS 2896 MADERIA CIRCLE
CITY-ST-ZIP MELBOURNE FL 32935

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE T/D
NAME KLAUSMAN, EUGENE F T/D
STREET ADDRESS 356 LAS OLAS DRIVE
CITY-ST-ZIP MELBOURNE BEACH FL 32951

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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 like empowered.

SIGNATURE: *Eugene F Klausman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
May 01, 2003 8:00 am
Secretary of State**

05-01-2003 90251 042 ****61.25

0016532



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)

4/16/03 3/17/4-899