

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29832

FILED  
Jan 31, 2006  
Secretary of State

Entity Name: QUIGLEY HOUSE, INC.

**Current Principal Place of Business:**

P.O. BOX 142  
ORANGE PARK, FL 32067

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 142  
ORANGE PARK, FL 32067

**New Mailing Address:**

FEI Number: 59-2935027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KELLY, EDWARD L.  
1600 FIRST UNION BLDG.  
200 W. FORSYTH ST.  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CATHERINE, BOWDEN  
Address: 2000 CALUSA TRAIL  
City-St-Zip: MIDDLEBURG, FL 32068

Title: TD ( ) Delete  
Name: HARRINGTON, TERESA  
Address: 358 STILES AVE.  
City-St-Zip: ORANGE PARK, FL 32073

Title: ED ( ) Delete  
Name: YOUNGERMAN, SHARON  
Address: 1650 RIVERS ROAD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SD ( ) Delete  
Name: MAHLA, DARLENE  
Address: 222 EVENTIDE DRIVE  
City-St-Zip: ORANGE PARK, FL 32003

Title: VD ( ) Delete  
Name: WHEELER, DEBORAH  
Address: P.O. BOX 548  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DARLENE, MAHLA  
Address: 900 WALNUT STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: SETTLE, CATHY  
Address: 2671 BELLE SHORE COURT  
City-St-Zip: ORANGE PARK, FL 32065

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON YOUNGERMAN

ED

01/31/2006

Electronic Signature of Signing Officer or Director

Date