2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N32930

Entity Name: ANTHONY HOUSE, INC.

Current Principal Place of Business:

6215 HOLLY STREET
ZELLWOOD, FL 32798

New Principal Place of Business:

Current Mailing Address:

6215 HOLLY STREET
P.O. BOX 880
ZELLWOOD, FL 32798

New Mailing Address:

FEI Number: 59-2944839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PALLARD, JOHN
C/O ANTHONY HOUSE
6215 HOLLY STREET
ZELLWOOD, FL 32798 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: P ( ) Delete
Name: HICKS, LISA
Address: 192 KENTUCKY BLUE CIRCLE
City-St-Zip: APOPKA, FL 32712 US

Title: S ( ) Delete
Name: WELCH, BERNIE
Address: 343 STANLEY BELL DR
City-St-Zip: MOUNT DORA, FL 32757

Title: V ( ) Delete
Name: WHITEHURST, KIM
Address: 1069 W. MORSE BLVD
City-St-Zip: WINTER PARK, FL 32789 US

Title: T ( ) Delete
Name: WHEELER, ROBERT
Address: 1800 MERCY DRIVE
City-St-Zip: ORLANDO, FL 32808 US

Title: D ( ) Delete
Name: PALLARD, JOHN
Address: 161 TOLLGATE BRANCH
City-St-Zip: LONGWOOD, FL 32750 US

Title: D ( ) Delete
Name: STANAKIS, MARC
Address: 7531 S. ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32703 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN PALLARD D 04/29/2008
Electronic Signature of Signing Officer or Director — Date