2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# 709290

Entity Name: PRESBYTERIAN HOMES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1200 BROAD ST. WEST
LEHIGH ACRES, FL 33970 US

New Principal Place of Business:

Current Mailing Address:

1051 2ND AVE N.
ST PETERSBURG, FL 337051563

New Mailing Address:

1050 BURLINGTON AVE N.
ST PETERSBURG, FL 337051563

FEI Number: 59-1116328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AHRENHOLZ, THOMAS
1051 2ND AVE N.
ST PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

AHRENHOLZ, THOMAS
1050 BURLINGTON AVE N
ST PETERSBURG, FL 33705 US

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: _____ 04/26/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: ALBERTS, HENK
Address: 10911 CARROLLWOOD DR.
City-St-Zip: TAMPA, FL

Title: ASD ( ) Delete
Name: LUKENS, ELAINE
Address: 2 245 GLENMOOR RD.
City-St-Zip: CLRARWATER, FL 34624

Title: VD ( ) Delete
Name: JONES, GLORIA
Address: 4302 DEEPWATER LANE
City-St-Zip: TAMPA, FL 33615

Title: PD ( ) Delete
Name: MILLER, LAURA
Address: 390 WASHINGTON CT
City-St-Zip: FT MYERS BEACH, FL

Title: SD ( ) Delete
Name: DAVIES, IDRIS L
Address: 2084 MASSACHUSETTS AVE NE
City-St-Zip: ST. PETERSBURG, FL

Title: TD ( ) Delete
Name: WHITLOCK, PAUL
Address: PO BOX 742
City-St-Zip: ARCADIA, FL 34265

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change ( ) Addition
Name: JONES, GLORIA
Address: 4302 DEEPWATER LANE
City-St-Zip: TAMPA, FL 33615

Title: VD (X) Change ( ) Addition
Name: WYKE, EDWARD D
Address: 219 32ND STREET W
City-St-Zip: BRADENTON, FL 34205

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 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 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: GLORIA JONES PRES 04/26/2005
Electronic Signature of Signing Officer or Director — Date