

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90056 011 ****61.25

DOCUMENT # 726466

1. Entity Name
ECHO HOUSE, INC.



Principal Place of Business
**100 MARTIN LUTHER KING JR. AVENUE
ST. AUGUSTINE, FL 32084-4802**

Mailing Address
**77 PARK PLACE
ST AUGUSTINE, FL 32084**

94037740



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222004 Chg-NP CR2E037 (10/03)

4. FEI Number
26-6605350

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GORDON-MILLS, ROSALIE
77 PARK PLACE
ST AUGUSTINE, FL 32084**

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

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

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

TITLE **P** ☐ Delete
NAME **GORDON-MILLS, ROSALIE R.**
STREET ADDRESS **77 PARK PLACE**
CITY - ST - ZIP **ST. AUGUSTINE, FL 32084**

TITLE **VP** ☐ Delete
NAME **ALLERT, DAVID**
STREET ADDRESS **339 DELTONA BLVD**
CITY - ST - ZIP **ST AUGUSTINE, FL 32086**

TITLE **SD** ☒ Delete
NAME **FOSTER, RICHARD**
STREET ADDRESS **7 MARSHVIEW DRIVE**
CITY - ST - ZIP **ST AUGUSTINE, FL 32080**

TITLE **D** ☐ Delete
NAME **ISRAEL, DOROTHY**
STREET ADDRESS **850 A1A BEACH BLVD #82**
CITY - ST - ZIP **ST AUGUSTINE, FL 32080**

TITLE **TD** ☐ Delete
NAME **MCCOY, WALTER D**
STREET ADDRESS **28 FAIRCHILD AVENUE**
CITY - ST - ZIP **PALM COAST, FL 32137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Isabelle Jenkins**
STREET ADDRESS **9 Blanche Lane**
CITY - ST - ZIP **St. Augustine, FL 32084**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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: **Rosalie R. Gordon-Mills**
Rosalie R. Gordon-Mills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. **3-26-04** **904-824-1801**
Date Daytime Phone #