

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**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**



04302008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>26-6605350</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**UPCHURCH, H. DAVIS JR ESQ  
1510 N PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

U00000939178  
05/28/08-80017-016 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILES, CARLOTTA G 2115 YORKTOWN RD NW WASHINGTON, DC 20012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLERT, DAVID 339 DELTONA BLVD ST AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ISRAEL, DOROTHY H 850 A1A BEACH BLVD STE 82 ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCOY, WALTER D 28 FAIRCHILD AVE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, RICHARD 7 MARSHVIEW AVE ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, THEODORE A 2115 YORKTOWN RD, NW WASHINGTON, DC 20012

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

**SIGNATURE:**

*Carlootta G Miles* Carlootta G miles 4-30-08 202.291.2069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #