

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732111

FILED
Apr 02, 2008
Secretary of State

Entity Name: WAYSIDE HOUSE, INC.

Current Principal Place of Business:

378 N.E. 6TH AVENUE
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

378 N.E. 6TH AVENUE
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 59-1590644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THISTLE, J. JEFFERY
30 SE 4TH AVE
DELRAY BEACH, FL 33483 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: O'NEAL, PERRY H
Address: 588 BANYAN RD.
City-St-Zip: GULF STREAM, FL 33483

Title: VD () Delete
Name: CALLAWAY, PHYLLIS
Address: 67 SPANISH RIVER DRIVE
City-St-Zip: OCEAN RIDGE, FL 33435

Title: SD () Delete
Name: DEGENHART, ANN
Address: 12625 BARWICK ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD () Delete
Name: FRICK, GEORGE
Address: 800 ANDREWS AVE APT 4
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD () Delete
Name: BACKER, BARBARA
Address: 620 S OCEAN BOULEVARD
City-St-Zip: DELRAY BEACH, FL 33483

Title: ED () Delete
Name: REECE, JILL LICDC
Address: 378 NE 6 AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: BACKER, BARBARA G
Address: 620 SO. OCEAN BLVD.
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD (X) Change () Addition
Name: DEGENHART, ANN
Address: 12625 BARWICK ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MD (X) Change () Addition
Name: FRICK, GEORGE
Address: 800 ANDREWS AVE APT 4
City-St-Zip: DELRAY BEACH, FL 33483

Title: ATD (X) Change () Addition
Name: STRYKER, PIETER
Address: 2205 S. OCEAN BLVD.
City-St-Zip: FORT PIERCE, FL 34950

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: JILL REECE

ED

04/02/2008

Electronic Signature of Signing Officer or Director

Date