

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736009

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** THE HOUSE NEXT DOOR, INC.

**Current Principal Place of Business:**

804 N WOODLAND BLVD  
DELAND, FL 327203429 US

**New Principal Place of Business:**

**Current Mailing Address:**

804 N WOODLAND BLVD  
DELAND, FL 327203429 US

**New Mailing Address:**

**FEI Number:** 59-1675284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DAVIES, JON  
1440 W. STEVENS AVENUE  
DELAND, FL 32720 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: PRES  
Name: CHILSON, APRIL  
Address: 1657 FATIO RD  
City-St-Zip: DELAND, FL 32720

Title: VP  
Name: MCMINN, DANIELLE  
Address: 80 VIRGINIA AVE  
City-St-Zip: DELAND, FL 32724

Title: SEC  
Name: LENNON, DONI  
Address: 206 W. CHANCERY LANE  
City-St-Zip: DELAND, FL 32724

Title: TREA  
Name: HINDS, NIGEL  
Address: 1643 WILLOW OAK LANE  
City-St-Zip: SANFORD, FL 32773

Title: D  
Name: TROVATO, GEORGE  
Address: 1709 PROVIDENCE BLVD  
City-St-Zip: DELTONA, FL 32725

Title: D  
Name: PENDLETON, JEFFERSON R  
Address: PO BOX 1716  
City-St-Zip: DELAND, FL 32721

I hereby 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 all other like empowered.

SIGNATURE: APRIL CHILSON

PRES

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date