

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736237

FILED
Jan 20, 2009
Secretary of State

Entity Name: D. G. HOUSE CORPORATION

Current Principal Place of Business:

808 W PANHELLENIC DR
GAINESVILLE, FL 32611 US

New Principal Place of Business:

Current Mailing Address:

3250 RIVERSIDE DR
COLUMBUS, OH 43221 US

New Mailing Address:

FEI Number: 23-7015995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, NANCY J.
3806 SW 5TH PLACE
GAINESVILLE, FL 32607 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: WEBB, NANCY J.,
Address: 3806 S.W. 5TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: T () Delete
Name: BURNETT, SANDRA
Address: 5915 SW 13TH ST.
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: CLINE, LUCILE
Address: 3355 NW 21ST AVE.
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: LUCILE CLINE

S

01/20/2009

Electronic Signature of Signing Officer or Director

Date