


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90017 011 ****61.25

DOCUMENT # 737812	
1. Entity Name HEARTHSTONE OWNERS MUTUAL ENDEAVOR (HOME), INC.	

Principal Place of Business 4320 BURTONWOOD DR PENSACOLA, FL 32514 US	Mailing Address 4320 BURTONWOOD DR PENSACOLA, FL 32514 US
---	---

50052818



2. Principal Place of Business 4247 Burtonwood Circle Suite, Apt. #, etc.	3. Mailing Address 4247 Burtonwood Circle Suite, Apt. #, etc.
---	---

04122005 Chg-NP CR2E037 (10/03)

City & State Pensacola, FL	City & State Pensacola, FL
Zip 32514	Country US
Zip 32514	Country FL

4. FEI Number 59-1739620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HENDERSON, DEMETRA 4320 BURTONWOOD DRIVE PENSACOLA, FL 32514	
---	--

7. Name and Address of New Registered Agent Name <u>Gloria L. Bryan</u> Street Address (P.O. Box Number is Not Acceptable) <u>4247 Burtonwood Circle</u> City <u>Pensacola</u> FL Zip Code <u>32514</u>	
---	--

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 <u>Gloria L. Bryan</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>May 1, 2005</u> (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCVAY, DON 4243 BURTONWOOD CIRCLE PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDERSON, DEMETRA 4320 BURTONWOOD DRIVE PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSSE, EVELYN 4311 BURTONWOOD DRIVE PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, CARLOS E 4340 BURTONWOOD DRIVE PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTIEY, MARK 4328 BURTONWOOD DRIVE PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, RON 4328 BURTONWOOD DRIVE PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Steve Creel 4229 Burtonwood Dr. Pensacola, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kevin Hasey 4214 Burtonwood Dr. Pensacola, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bobby Cochran 4241 Burtonwood Circle Pensacola, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gloria L. Bryan 4247 Burtonwood Circle Pensacola, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alice Smith 4325 Burtonwood Dr Pensacola, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D W.H. Bryan 4247 Burtonwood Circle Pensacola, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Gloria L. Bryan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>5-1-05</u> Date	DAYTIME PHONE # <u>850-477-8819</u> Daytime Phone #
---	----------------------------	--