## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 05, 2004 8:00 am Secretary of State

Secretary o
04-05-2004 90010 03

DOCUMENT # F0000004620  1. Entity Name INTERNATIONAL WELCOME HOME SOCIETY, INC.						04-05-20	04 900	10 037 ***	*61.2	25
Principal Plac 2121 PRECII HURST, TX	NCT LINE RD.	Mailing Address 2121 PRECINCT LINE RD HURST, TX 76054						ţ	40	2616
	Place of Business Dilliam D Tate	3. Mailing Address 3801 Williau	m D. TO	ate						
# Suite, Apt. #, etc.		# Suite, Apt. #, etc. # 800			03252004	Chg-NP	CF	R2E037 (10/0	3)	
City & State		City & State Grapevine	TX		4. FEI Number 75-2620	1314			<del></del>	ied For
Zip	Country	Zip	Country		5Certificate.c			¬ \$8.75	Additio	Applicable onal
7605		7005						Pee Req	ûlfêd =	
	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of Ne	w Regist	tered Agent		
1200 SOU	PORATION SYSTEM TH PINE ISLAND ROAD ` ION, FL 33324		Name Street Address			r is Not Accept	able)			
			City					FL Zip (	Code	
	named entity submits this statement for	r the purpose of changing its re	gistered office or r	registere	diagent or both	n in the State o	t ⊟arida	· · · · · · · · · · · · · · · · · · ·	iale	
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the obligat	tions of registered agent.  Signature, typed or printed name of registered agent.	and title if applicable. (NOTE: I	Registered Agent signature					DATE	nin, an	nd accept
		9. Election Camp Trust Fund Co	paign Financing	re required w		в	Make		le to	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	paign Financing	re required w	hen reinstating) \$5.00 May Be Added to Fees	В	Make Florida I	DATE check payab Department o	le to f State	e
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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 additional property like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2004