

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005585

FILED
Jan 14, 2005
Secretary of State

Entity Name: ENTERPRISE HOUSING - TAMPA, INC.

Current Principal Place of Business:

833 W. MAIN ST
CARMEL, IN 46032

New Principal Place of Business:

Current Mailing Address:

833 W. MAIN ST
CARMEL, IN 46032

New Mailing Address:

FEI Number: 35-1873039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINN, PAULA S
333 ROYAL CARIBBEAN CT
SAINT AUGUSTINE, FL 32080 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: CD () Delete
Name: DICKINSON, CURTIS J ESQ
Address: 1520 TIMBER TRACE
City-St-Zip: CANTON, GA 30114

Title: D () Delete
Name: LOCKHART, JEFFREY K
Address: 9675 HAMPTON CIRCLE SOUTH
City-St-Zip: INDIANAPOLIS, IN 46256

Title: D () Delete
Name: COLLINS, MARK
Address: 437 LANDINGS LOOPE
City-St-Zip: WESTERVILLE, OH 43082

Title: D () Delete
Name: IOVINO, VITO
Address: PO BOX 2242 N/A
City-St-Zip: KOKOMO, IN 46904

Title: PTD () Delete
Name: PETERS, HUGH M
Address: 307 MARSH POINT CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SD () Delete
Name: THOMAS, DONNA S
Address: 3560 TOWNE DRIVE
City-St-Zip: CARMEL, IN 46032

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:

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 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 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: DONNA S. THOMAS

SD

01/14/2005

Electronic Signature of Signing Officer or Director

Date