

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000002983	
1. Entity Name HOMES-4-U.ORG, INC.	
Principal Place of Business 1948 S CONGRESS AVE WEST PALM BEACH, FL 33406	Mailing Address 1948 S CONGRESS AVE WEST PALM BEACH, FL 33406



01162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1023679

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NIelsen, ARNE
623 N M STREET
LAKE WORTH, FL 33460

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000109302

04/12/04-80038-002 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME DELISO, DIANE
STREET ADDRESS 2 BAYTREE CIRCLE
CITY- ST- ZIP BOYNTON BEACH, FL 33436

TITLE PD
NAME NIELSEN, ARNE
STREET ADDRESS 623 NORTH M ST
CITY- ST- ZIP LAKE WORTH, FL 33460

TITLE STD
NAME DEPP, DEITRA
STREET ADDRESS 623 NORTH M ST
CITY- ST- ZIP LAKE WORTH, FL 33460

TITLE D
NAME PERRY, JOHN
STREET ADDRESS 1020 N CRYSTAL WAY
CITY- ST- ZIP DELRAY BEACH, FL 33444

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #