2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003274

City-St-Zip:

Entity Name: CALEB HOUSE FOUNDATION, INC.

FILED Jan 18, 2004 Secretary of State

Current P	rincipal Place of Business:	New Principal Place o	f Business:	
	RIVER RD. LM BEACH, FL 33411 US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	RIVER RD. LM BEACH, FL 33411 US			
FEI Number	: 65-0998014 FEI Number Applied For () FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agen	t: Name and Address of	New Registered Agent:	
	, EARL T PRIVER DR. LM BEACH, FL 33411			
	e named entity submits this statement for e of Florida.	the purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered	d Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () Delete GARRICK, EARL T 7801 RED RIVER DR. WEST PALM BEACH, FL 33411	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete GARRICK, PHYLISS E 7801 RED RIVER WEST PALM BEACH, FL 33411	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete FENLASON, JOHN D 432 BLACK BEAR COVE CLYDE, NC 28721	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete FENLASON, SUZANNE M 432 BLACK BEAR COVE CLYDE, NC 28721	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	D () Delete TABER, GERALD	Title: (Name:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: EARL T. GARRICK DIRE 01/18/2004

LAKE CLARK SHORES, FL 33406