

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004407

Entity Name: SOLOMON'S HOUSE INC.

FILED
Jun 07, 2004
Secretary of State

Current Principal Place of Business:

1801 7TH AVE. EAST
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 207
TALLEVAST, FL 34270

New Mailing Address:

FEI Number: 65-1116293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEEKS, BETTY
1817 7TH AVE. EAST
BRADENTON, FL 34208

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: PD () Delete
Name: WEEKS, JIMMIE
Address: 1817 7TH AVE. EAST
City-St-Zip: BRADENTON, FL 34208

Title: D () Delete
Name: MCCORMICK, MARY
Address: 2618 24TH ST.
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: WILSON, TRESSIA
Address: 4813 PACER LN.
City-St-Zip: COLORADO SPRINGS, CO 80917

Title: D () Delete
Name: BATTIE, BARBARA
Address: 1201 20TH ST.
City-St-Zip: BRADENTON, FL 34208

Title: S () Delete
Name: BUTLER, ANGELA
Address: 1521 31ST STREET
City-St-Zip: SARASOTA, FL 34234

Title: T () Delete
Name: COLLINS, VORONDO
Address: 2505 13TH ST. WEST
City-St-Zip: BRADENTON, FL 34205

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
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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: JIMMIE WEEKS

PD

06/07/2004

Electronic Signature of Signing Officer or Director

Date