
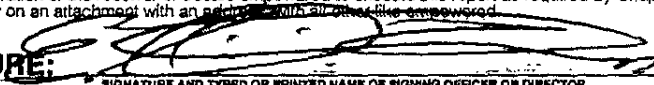


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008482 1. Entity Name THE PHOENIX HOUSE, INC.		
Principal Place of Business 1106 12TH AVE S LAKE WORTH, FL 33460		Mailing Address P.O. BOX 8163 WEST PALM BEACH, FL 33407
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LAWRENCE, L LYNN ESQ. 12860 55 RD. NORTH ROYAL PALM BEACH, FL 33411		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	BOLDEN, ELIJAH	
STREET ADDRESS	P.O. BOX 8163	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	D	
NAME	CLARK, TRINETTE	
STREET ADDRESS	P.O. BOX 8163	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	D	
NAME	WHITE, TONYA	
STREET ADDRESS	P.O. BOX 8163	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 action with all other like empowered.		
SIGNATURE:  ELIJAH BOLDEN		APRIL 26, 2005 Date Daytime Phone #



04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number **65-1159661** Applied For
Not Applicable

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

U00000343230
04/29/05-80088-002 61.25

**DO NOT WRITE
IN THIS SPACE**