

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005574

FILED
Jul 01, 2004
Secretary of State**Entity Name:** DWELLING PLACE, INC.**Current Principal Place of Business:**1913 FALLING STAR LANE
LUTZ, FL 33549**New Principal Place of Business:****Current Mailing Address:**1913 FALLING STAR LANE
LUTZ, FL 33549**New Mailing Address:****FEI Number:** 02-0642123**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FROST, EDWIN
1913 FALLING STAR LANE
LUTZ, FL 33549**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:** D () Delete
Name: FROST, EDWIN
Address: 1913 FALLING STAR LANE
City-St-Zip: LUTZ, FL 33549**Title:** D () Delete
Name: FROST, JACK
Address: 2443 LAUDELDAL DR
City-St-Zip: LUTZ, FL 33549**Title:** D () Delete
Name: CIPHER, RICHARD
Address: 24737 SILVERSMITH DR
City-St-Zip: LUTZ, FL 33559**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:

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: EDWIN FROST

RA

07/01/2004

Electronic Signature of Signing Officer or Director

Date