

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90079 001 ***122.50

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Entity Name
LA CASITA DE PROMESAS, INC



Principal Place of Business
**THE TRANSITION HOUSE, INC.
1221 12TH ST
ST CLOUD, FL 34769-3713**

Mailing Address
**THE TRANSITION HOUSE, INC.
1221 12TH ST
ST CLOUD, FL 34769-3713**

66402402



01202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GRIFFIN, THOMAS J
THE TRANSITION HOUSE, INC.
1221 12TH ST
ST CLOUD, FL 34769-3713**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRIFFIN, THOMAS J	
STREET ADDRESS	2924 COOL BREEZE CR	
CITY-ST-ZIP	ST CLOUD, FL 34769	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROMAGOSA, ANTONIO	
STREET ADDRESS	916 MARYLAND AVE	
CITY-ST-ZIP	ST CLOUD, FL 34769	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUACHS, ELIZABETH	
STREET ADDRESS	1415 CAROLINA AVE	
CITY-ST-ZIP	ST CLOUD, FL 34769	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ARCH, MALDA	
STREET ADDRESS	861 JARNAC DR	
CITY-ST-ZIP	KISSIMMEE, FL 34759	
TITLE	M	<input type="checkbox"/> Delete
NAME	VELEZ, MARIA	
STREET ADDRESS	2591 BRUNSWICK CT	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	M	<input type="checkbox"/> Delete
NAME	HAFFER, ROBERT A	
STREET ADDRESS	820 ILLINOIS AVE	
CITY-ST-ZIP	ST CLOUD, FL 34769	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 #

1/28/04