

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000314

Entity Name: HOME BOUND HELPERS, INC.

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

36329 CLEAR LAKE DRIVE  
EUSTIS, FL 32736

## New Principal Place of Business:

## Current Mailing Address:

36329 CLEAR LAKE DRIVE  
EUSTIS, FL 32736

## New Mailing Address:

FEI Number: 02-0671282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RANIZE, AUDREY H  
36329 CLEAR LAKE DRIVE  
EUSTIS, FL 32736 US

## 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: RANIZE, AUDREY H  
Address: 36329 CLEAR LAKE DRIVE  
City-St-Zip: EUSTIS, FL 32736

Title: D ( ) Delete  
Name: RANIZE, EUGENE S  
Address: 36329 CLEAR LAKE DRIVE  
City-St-Zip: EUSTIS, FL 32736

Title: D ( ) Delete  
Name: MOORE, SARAH E  
Address: 40922 EMERALDA ISLAND ROAD  
City-St-Zip: LEESBURG, FL 34788

Title: D ( ) Delete  
Name: CLARKE, CAROL D  
Address: 7044 WRIGHT AVE PO BOX 37  
City-St-Zip: TANGERINE, FL 327770037

## 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  
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: AUDREY H. RANIZE

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date