

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002713

FILED  
May 01, 2005  
Secretary of State

**Entity Name:** FLORIDA ADVOCATES INDEPENDENT TRANSITIONAL HOUSING, INC.

**Current Principal Place of Business:**

1515 DESS DRIVE  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

1515 DESS DRIVE  
ORLANDO, FL 32818

**New Mailing Address:**

**FEI Number:** 54-2103151      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MANSILLA, NICHOLAS  
1515 DESS DRIVE  
ORLANDO, FL 32818      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: PD      ( ) Delete  
Name: SEECHARRAN, MERLE  
Address: 1515 DESS DRIVE  
City-St-Zip: ORLANDO, FL 32818

Title: VD      ( ) Delete  
Name: COOK, ARLENE  
Address: 267 MCCLAIN DRIVE  
City-St-Zip: MELBOURNE, FL 32904

Title: TD      ( ) Delete  
Name: BEAUCHAMP, KATHYANN  
Address: 3218 CASTLE OAK AVE  
City-St-Zip: ORLANDO, FL 32808

**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: AMANDA J. SECAN

DIR

05/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date