


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90347 023 ****61.25

DOCUMENT # N03000004139 1. Entity Name FIRST HOMES FOUNDATION, INC.					
Principal Place of Business 1239 FRANK WHITEMAN BLVD. NAPLES, FL 34103				Mailing Address 1239 FRANK WHITEMAN BLVD. NAPLES, FL 34103	
2. Principal Place of Business 1063 Frank Whiteman Blvd Suite, Apt. #, etc.		3. Mailing Address P.O. Box 10853 Suite, Apt. #, etc.			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 043755702	
Zip 34103		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OWENS, MARK V 1239 FRANK WHITEMAN BLVD. NAPLES, FL 34103				7. Name and Address of New Registered Agent Name OWENS, MARK V. Street Address (P.O. Box Number is Not Acceptable) 1063 FRANK WHITEMAN BLVD. City NAPLES State FL Zip 34103	
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS, MARK V 1239 FRANK WHITEMAN BLVD. NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARDELLA, FRAZIER 2727 66TH STREET SW NAPLES, FL 34105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD UZUPES, VANESSA M 912 VASSAR STREET ORLANDO, FL 32804	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OWENS, LYNELL 1200 DIANA AVENUE NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: Mark Owens, President (MARK OWENS)					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/6/04 Daytime Phone # 239-263-6190					