2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# N03000005050

Entity Name: L & M HOME FOUNDATION, INC.

Current Principal Place of Business:

933 GRAN PASCO DR
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

933 GRAN PASCO DR
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 20-0030427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CENTRAL FLORIDA FINANCIAL SERVICES, LLC
C/O DAVID OLIVENCIA, ACCOUNTANT
1961 VAN SHEFFIELD DR
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

GELNOWSKI, ADINA R
8642 MARGAVERA DR
ORLANDO, FL 32825 US

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: ADINA GELNOWSKI 05/01/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MULLENHOFF, B LILI
Address: 8642 MARGAVERA DR
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete
Name: GELNOWKI, ADINA
Address: 1502 MEADOWLARK ST
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete
Name: GELNOWKI, JEANETTE
Address: 820 S PARK RD
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: BANGERT, EVA
Address: 933 GRAN PASCO DR
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete
Name: BANGERT, LAURENCE
Address: 8642 MARGAVERA DR
City-St-Zip: ORLANDO, FL 32825

Title: D (X) Delete
Name: MULLENHOFF, EDGAR F
Address: 8642 MARGAVERA DR
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MOSESMANN, BLANCA L
Address: 8642 MARGAVERA DR
City-St-Zip: ORLANDO, FL 32825

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:

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: ADINA GELNOWSKI D 05/01/2004
Electronic Signature of Signing Officer or Director Date