2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005381

Entity Name: ELIZABETH HOUSE, INC.

FILED Aug 07, 2007 Secretary of State

w Principal Place of Business:

1619 BOMI CIR 7114 WINDING LAKE CIRCLE

WINTER PARK, FL 32792 OVIEDO, FL 32765

Current Mailing Address: New Mailing Address:

PO BOX 620586 OVIEDO, FL 32762

FEI Number: 81-0614242 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: Name and Address of New Registered Agent:

TOMEO, KELLIE ESQ 801 INTÉRNATIONAL PARKWAY 5TH FLOOR LAKE MARY, FL 32746 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete **PCEO** (X) Change () Addition PRESTON, SANDRA Name: PRESTON, SANDRA Name: Address: 1619 BOMI CIR Address: 7114 WINDING LAKE CIRCLE

City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: OVIEDO, FL 32762

Title: Title: () Delete () Change () Addition

GRADY, LEE Name: Name: Address: 304 LITTLE SPRINGS LANE Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip:

Title: () Delete Title: (X) Change () Addition CARLING, MARIE MULDOWNEY, PATRICK ESQ. Name: Name: 117 STERLING PINE STREET 1112 CARDINAL CREEK PLACE Address: Address:

City-St-Zip: SANFORD, FL 32773 City-St-Zip: OVIEDO,, FL 32765

Title: () Delete Title: D (X) Change () Addition Name: MCCOY, DARLEEN Name: GLAZIER, STEPHEN

1619 BOMI CIRCLE 1610 WRENTHAM COURT Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete Title: () Change (X) Addition

CULP, JULIE Name: Name:

707 MILLS ESTATE PLACE Address: Address: City-St-Zip: City-St-Zip: CHULUOTA, FL 32766

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SANDRA Z. PRESTON **PRES** 08/07/2007