## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000005381

Entity Name: ELIZABETH HOUSE, INC.

FILED May 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7114 WINDING LAKE CIRCLE L062 CHATHAM PINES CIR. OVIEDO, FL 32765 #104 WINTER SPRINGS, FL 32708 **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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PCEO** () Delete (X) Change ( ) Addition PRESTON, SANDRA Name: PRESTON, SANDRA Name: 7114 WINDING LAKE CIRCLE Address: 1062 CHATHAM PINES CIR. Address: City-St-Zip: OVIEDO, FL 32762 City-St-Zip: WINTER SPRINGS, FL 32708 Title: Title: () Change () Addition ( ) Delete Name: GRADY, LEE Name: Address: 304 LITTLE SPRINGS LANE Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: () Delete Title: () Change () Addition MULDOWNEY, PATRICK ESQ. Name: Name: 1112 CARDINAL CREEK PLACE Address: Address: City-St-Zip: OVIEDO., FL 32765 City-St-Zip: Title: ( ) Delete Title: () Change () Addition GLAZIER, STEPHEN Name: Name: 1610 WRENTHAM COURT Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: (X) Delete Title: () Change () Addition CULP, JULIE Name: Name: 707 MILLS ESTATE PLACE Address: Address: City-St-Zip: CHULUOTA, FL 32766 City-St-Zip:

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 PRESTON **PRES** 05/06/2009