

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005381

FILED  
May 04, 2010  
Secretary of State

Entity Name: ELIZABETH HOUSE, INC.

## Current Principal Place of Business:

L062 CHATHAM PINES CIR.  
#104  
WINTER SPRINGS, FL 32708

## New Principal Place of Business:

4005 LONG NEEDLE LANE  
#105  
WINTER SPRINGS, FL 32708

## Current Mailing Address:

PO BOX 620586  
OVIEDO, FL 32762

## New Mailing Address:

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:

TOMEIO, KELLIE ESQ.  
801 INTERNATIONAL 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:

Title: PCEO  
Name: PRESTON, SANDRA  
Address: 4007 LONG NEEDLE LANE, APT. #105  
City-St-Zip: WINTER SPRINGS, FL 32708

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

Title: S  
Name: MULDOWNNEY, PATRICK ESQ.  
Address: 1112 CARDINAL CREEK PLACE  
City-St-Zip: OVIEDO,, FL 32765

Title: D  
Name: GLAZIER, STEPHEN  
Address: 1610 WRENTHAM COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby 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 all other like empowered.

SIGNATURE: SANDRA PRESTON

MRS.

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date