

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000006568**

1. Entity Name  
S AND L TRANSITION HOUSE, INC.



Principal Place of Business  
7931 OAKSTONE CT.  
ORLANDO, FL 32822

Mailing Address  
7931 OAKSTONE CT.  
ORLANDO, FL 32822



04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
57-1180302

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MCEADY, LYNDIA  
7931 OAKSTONE CT  
ORLANDO, FL 32822

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000330938  
04/25/05-80177-020 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCEADY, LYNDIA 7931 OAKSTONE CT ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HYDE WHITE, MARY J 5440 CHISWICK CIR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTS, SARLEAN 83 TYSON CT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Lyndia Mceady

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

Date

407-737-4412

Daytime Phone \*