2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006
Secretary of State

DOCUMENT# N03000008022

Entity Name: ELEEO HOUSE FAMILY MINISTRIES, INC.

Current Principal Place of Business:

2259 PICCADILLY CIRCUS
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

2259 PICCADILLY CIRCUS
NAPLES, FL 34112

New Mailing Address:

FEI Number: 20-0229243 **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:

D'AMICO-WHITE, LUCY A
2259 PICCADILLY CIRCUS
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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: PRES ( ) Delete
Name: D'AMICO-WHITE, LUCY A
Address: 2259 PICADILLY CIRCUS
City-St-Zip: NAPLES, FL 33412

Title: VP ( ) Delete
Name: WHITE, GREGORY S
Address: 2259 PICADILLY CIRCUS
City-St-Zip: NAPLES, FL 34112

Title: SEC ( ) Delete
Name: D'AMICO, LINDY M
Address: 6099 SHALLOWS WAY
City-St-Zip: NAPLES, FL 34109

Title: TRES ( ) Delete
Name: RICE, LINDA
Address: 6099 SHALLOWS WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LUCY D'AMICO-WHITE PRES 05/09/2006

Electronic Signature of Signing Officer or Director — Date