

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010964

Entity Name: KAITY'S HOUSE CHARITIES, INC.

FILED  
Aug 24, 2004  
Secretary of State

## Current Principal Place of Business:

2412 MARZEL AVE  
ORLANDO, FL 32806

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 560097  
ORLANDO, FL 328560097

## New Mailing Address:

FEI Number: 20-0533533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUFFY, JIM  
2412 MARZEL AVE  
ORLANDO, FL 32806 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: T ( ) Delete  
Name: DUFFY, JIM  
Address: 2412 MARZEL AVE  
City-St-Zip: ORLANDO, FL 32806

Title: T ( ) Delete  
Name: DUFFY, JODY  
Address: 2412 MARZEL AVE  
City-St-Zip: ORLANDO, FL 32806

Title: T ( ) Delete  
Name: PHILLIPS, JIM  
Address: 615 STRATHMORE DR  
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: GARNEAU, LYN  
Address: 4305 LAKE MARGARET DR  
City-St-Zip: ORLANDO, FL 32812

Title: T ( ) Change (X) Addition  
Name: STOUT, TARA  
Address: 2694 MASTERPEICE RD  
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JIM DUFFY

T

08/24/2004

Electronic Signature of Signing Officer or Director

Date