

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000005598

1. Entity Name
SHABACH HOUSE, INC.



FILED

06 SEP 26 PM 4:14

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
432 19TH STREET SE
WINTER HAVEN, FL 33884

Mailing Address
432 19TH STREET SE
WINTER HAVEN, FL 33884

2. Principal Place of Business 425 Lake Howard Dr. S.W. 3. Mailing Address 425 Lake Howard Dr. S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09112006

Chg-NP

CR2E037 (4/06)

City & State
Winter Haven Florida

City & State
Winter Haven Florida

4. FEI Number
83-0402400

Applied For

Not Applicable

Zip
33880

Country
USA

Zip
33880

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEWS, SANDRA K
432 19TH STREET SE
WINTER HAVEN, FL 33884

Name
Shabach House Inc.

Street Address (P.O. Box Number is Not Acceptable)
425 Lake Howard Dr. S.W.

City
Winter Haven

FL

Zip Code
33880

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 Sandra Matthews

Shabach House Inc.

9-18-06

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 September 15, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S Director
MATTHEWS, SANDRA
432 19TH STREET SE
WINTER HAVEN, FL 33884
425 Lake Howard Dr. S.W.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President of Board of Directors
John Ruffin
4622 Crystal Lake
Lakeland, FL 33813
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Patty McOtion
1601 Highpoint Court
Winter Haven, FL 33880
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Linda Ray
Winter Haven, FL 33880
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Asst Secretary
Carmella Wellington
417 S. Lake Ave.
Lakeland, FL 33801
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400080184304
09/26/06--01055--002 **78.75
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Board Member
Barbara Wells
582 Terranova Circle
Winter Haven, FL 33884
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PR 9/20
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Surg of arm
Debra Anderson
3110 Pustina Ave.
Lakeland, Florida 33805
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Paul Simmons
5091 Sweet Leaf Ct.
Bartow, FL 33830
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sandra Matthews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-06 (863) 298-8143

Date

Daytime Phone #