2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007
Secretary of State

DOCUMENT# N04000005598

Entity Name: SHABACH HOUSE, INC.

Current Principal Place of Business:

425 LAKE HOWARD DR. S.W.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

425 LAKE HOWARD DR. S.W.
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 83-0402400 **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:

MATTHEWS, SANDRA K
425 LAKE HOWARD DR. S.W.
WINTER HAVEN, FL 33880 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:	SD	( ) Delete
Name:	MATTHEWS, SANDRA	
Address:	425 LAKE HOWARD DR. S.W.	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	S	( ) Delete
Name:	MCTIER, PATTY	
Address:	1601 HIGHPOINT COURT	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	AS	( ) Delete
Name:	WATLINGTON, CARMELLA	
Address:	417 S LAKE AVE	
City-St-Zip:	LAKELAND, FL 33801	
Title:	BM	( ) Delete
Name:	WELLS, BARBARA	
Address:	582 TERRANOVA CIRCLE	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	SOA	( ) Delete
Name:	ANDERSON, DEBRA	
Address:	3110 JUSTINE AVE	
City-St-Zip:	LAKELAND, FL 33805	
Title:	PBOD	( ) Delete
Name:	RUFFIN, JOHN	
Address:	4622 CRESTVIEW LANE	
City-St-Zip:	LAKELAND, FL 33813	

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:	
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 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: SANDRA MATTHEWS DIR 06/15/2007

Electronic Signature of Signing Officer or Director — Date