

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005598

Entity Name: SHABACH HOUSE, INC.

FILED
Jun 22, 2009
Secretary of State

Current Principal Place of Business:

908 AVE T S.E.
WINTER HAVEN, FL 33880

New Principal Place of Business:

2500 AVE O N.W.
WINTER HAVEN, FL 33881

Current Mailing Address:

908 AVE T S.E.
WINTER HAVEN, FL 33880

New Mailing Address:

2500 AVE O N.W.
WINTER HAVEN, FL 33881

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-WILLIS, SANDRA K
908 AVENUE T S.E.
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

MATTHEWS-WILLIS, SANDRA K
2500 AVE O N.W.
WINTER HAVEN, FL 33881 US

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:

06/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MATTHEWS-WILLIS, SANDRA K
Address: 908 AVE T S.E.
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: LAKE LAND, 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: LAKE LAND, FL 33805

Title: PBOD () Delete
Name: RUFFIN, JOHN
Address: 4622 CRESTVIEW LANE
City-St-Zip: LAKE LAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MATTHEWS-WILLIS, SANDRA K
Address: 2500 AVE O N.W.
City-St-Zip: WINTER HAVEN, FL 33881

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

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

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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-WILLIS

CEO

06/22/2009

Electronic Signature of Signing Officer or Director

Date