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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04923

(1)

1. Corporation Name

FIDELITY HOUSE, INC.

Principal Place of Business

% JOHN H MCGOEY
P.O. BOX 5694
SUN CITY CTR FL 33571

Mailing Address

% JOHN H MCGOEY
P.O. BOX 5694
SUN CITY CTR FL 33571



3. Date Incorporated or Qualified
08/30/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 % LYNNE KJOLLESDAL

26 % LYNNE KJOLLESDAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 138-301 KINGS BLVD

27 P.O. Box 5694

City & State

City & State

23 SUN CITY CENTER FL

28 SUN CITY CENTER FL

Zip

Country

Zip

Country

24 33573

25 USA

29 33571

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGOEY, JOHN H
138-301 KINGS BLVD
SUN CITY CTR FL 33573

81 Name KJOLLESDAL LYNNE

82 Street Address (P.O. Box Number is Not Acceptable)

138-301 KINGS BLVD

83

84 City SUN CITY CENTER FL

85 Zip Code 33573

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE LYNNE KJOLLESDAL D/M Lynne Kjollesdal March 18, 1996
Signature, typed or printed name of registered agent and title, if applicable (Note: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DSV
NAME MCGOEY, JOHN H. REV
STREET ADDRESS 138-301 KINGS BLVD
CITY-ST-ZIP SUN CITY CTR FL
☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE DP
NAME HIGGINS, LAURENCE E. R
STREET ADDRESS 3410 W. HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL
☐ DELETE

2.1 TITLE
2.2 NAME HIGGINS LAURENCE REV
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☒ Change ☐ Addition

TITLE D
NAME HASKINS, NUALA & JAMES
STREET ADDRESS 11704 SYCAMORE PLACE
CITY-ST-ZIP TAMPA FL
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE SD
NAME MURRAY, POLAIRE D
STREET ADDRESS 6405 RIVER BLVD
CITY-ST-ZIP TAMPA FL
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME WERMUTH, PATRICIA & JOH
STREET ADDRESS 5200 INTERBAY BLVD
CITY-ST-ZIP TAMPA FL
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☒ Addition

D/M
KJOLLESDAL LYNNE
138-301 KINGS BLVD
SUN CITY CENTER FL 33573

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynne Kjollesdal LYNNE KJOLLESDAL 03/18/96 813-634-2308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)