

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000399

FILED
Apr 30, 2007
Secretary of State

Entity Name: FOUR CORNERS REDEMPTION HOUSE, INC

Current Principal Place of Business:

662 LAKE CHARLES DRIVE
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

PO BOX 2131
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 20-2449433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, ANTHONY REV.
662 LAKE CHARLES DRIVE
DAVENPORT, FL 33837 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: P () Delete
Name: OWENS, ANTHONY REV.
Address: 662 LAKE CHARLES DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: VP () Delete
Name: VILLANUEVA, JOSE
Address: 2631 CEDARIDGE CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: DEL ROSARIO, FADY
Address: 1849 SUMMIT OAK CIRCLE
City-St-Zip: MINNEOLA, FL 34715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: DEL ROSARIO, FADY
Address: 4521 POWDERHORN PLACE DRIVE,
City-St-Zip: CLERMONT,, FL 34711

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: ANTHONY OWENS

P

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date