

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000399

FILED  
Apr 30, 2008  
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:**

11615 AUDUBOND LN  
CLERMONT, FL 34711

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: 4521 POWDERHORN PLACE DRIVE,  
City-St-Zip: CLERMONT,, FL 34711

**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:

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.

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date