

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90030 037 ****61.25

DOCUMENT # N05000012333					
1. Entity Name PROVIDENCE HOUSE, INC.					
Principal Place of Business 2663 AIRPORT RD SOUTH SUITE D-102 NAPLES, FL 34112			Mailing Address 2663 AIRPORT RD SOUTH SUITE D-102 NAPLES, FL 34112		
2. Principal Place of Business - No P.O. Box # 3725 ESTEY AVE #101		3. Mailing Address P.O. BOX 128			
Suite, Apt. #, etc. #101		Suite, Apt. #, etc.			
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 20-3889831	
Zip 34104		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARREN, NANCY 2663 AIRPORT RD. SOUTH STE D-102 NAPLES, FL 34112			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARREN, NANCY 400 7TH AVENUE SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ERICKSON, ROSE MARY 431 LAGOON AVENUE NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARD NIVISON 173 STANHOPE CIRCLE NAPLES, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MESSICK, AUDRONE 494 THIRD AVENUE SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARREN, FRANK 400 7TH AVENUE SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT (VD) FARREN, FRANK 400 7TH AVE S NAPLES, FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, CHARLES 2582 CREEK BEND DR BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANTREMBLAY 15524 MONTEROSSO LN #202 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JEWELL 76 3RD ST. NORTH NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Frank Farren, VP FRANK FARREN, VP 3/9/08 434-0579					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					