## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

PRIOR Picc of Discress   Mailing Address   SURPLES, FL 34112   MAPLES, FL 34112    2. Principal Place of Business - No. P.O. Box # 3. Mailing Address   3.72 E 57 E 4 A P 2 A	DOCUMENT # N05000012333  1. Entity Name PROVIDENCE HOUSE, INC.						1 Ctary 12-2008 90030		
3725 ESTEV AVE 401	2663 AIRPORT RD SOUTH SUITE D-102 NAPLES, FL 34112 NAPLES		2663 AIRPORT RD SOUT SUITE D-102	2663 AIRPORT RD SOUTH Suite D-102		! ! # # # # # # # # # # # # # # # # # #			
City & State	3725 ESTEY AVE		P.O.BOX	P.O.BOX 128					
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Section   Sect	Zip .	Country	Zip	Country	<del></del>	<del></del>	<del></del>	\$8.75 Ad	ditional
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida Department of State  19.			Registered Agent	<u> </u>		7. Name and Addr	ess of New Registe	·	
SIGNATURE  FILING Fee is \$81.25 Due by May 1, 2008  10:  THE  PARREN, NANCY STRET ANDRESS STRET ANDR	FADDEN	NIANICY		Name	Ð				
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  SIGNATURE  Signature, hybrid or prised memor of registered agent and the if applicable.  (NOTE: Registered Agent segnature required from registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  PILITE Superior Control-state  FILITE Superior Control-state  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE PARREN, NANCY SIRET ADDRESS 400 THA AVENUE SOUTH NAME ERICKSON, ROSE MARY SIRET ADDRESS CITY-S1-2P NAPLES, FL 34108  CITY-S1-2P NAPLES, FL 34108  CITY-S1-2P NAPLES, FL 34108  CITY-S1-2P NAPLES, FL 34102  TITLE NAME SIRET ADDRESS CITY-S1-2P NAPLES, FL 34102  CITY-S1-2P NAPLES, FL	2663 AIRP STE D-102	PORT RD. SOUTH 2		Stree	t Address (I	P.O. Box Number is N	ot Acceptable)		
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 negistered agent.    Signature   Signature	NAPLES, I	FL 34112							
SIGNATURE    Signature   Signa				City				FL Zip Cod	le
Sypeasure, hybrid or printed name of arginated appoint and table application.   (NOTE-Registered Appoint appraised when remaintaing)   SS_0.00 May Bio Added to Fees   Make check payable to Florida Department of State			the purpose of changing its r	registered office	e or register	ed agent, or both, in the	he State of Florida.	am familiar with,	and accept
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   PD   Change   Addition    FARREN, NANCY   400 7TH AVENUE SOUTH   NAME    STREET ADDRESS   CITY-ST-ZIP    NAME   ERICKSON, ROSE MARY   431 LAGOON AVENUE   NAME    STREET ADDRESS   CITY-ST-ZIP   NAPLES, FL 34108   CITY-ST-ZIP    TITLE   SD   Delete   TITLE    NAME   MESSICK, AUDRONE   STREET ADDRESS    STREET ADDRESS   CITY-ST-ZIP    TITLE   TD   Delete   TITLE    NAME   FARREN, FRANK   STREET ADDRESS    STREET ADDRESS   CITY-ST-ZIP    TITLE   TD   Delete   TITLE    NAME   FARREN, FRANK   STREET ADDRESS    STREET ADDRESS   CITY-ST-ZIP    NAPLES, FL 34102   Delete   TITLE    NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   D   Delete   TITLE    NAME   STREET ADDRESS   CITY-ST-ZIP    NAPLES, FL 34102   Delete   TITLE    NAME   STREET ADDRESS   CITY-ST-ZIP    NAPLES, FL 34102   Delete   TITLE    NAME   STREET ADDRESS    STREET ADDRESS   CITY-ST-ZIP    NAPLES, FL 34102   Delete   TITLE    NAME   STREET ADDRESS    STREET ADDRESS   CITY-ST-ZIP    NAPLES, FL 34102   Delete   TITLE    NAME   STREET ADDRESS    STREET ADDRESS   CITY-ST-ZIP    NAPLES, FL 34102   Delete   TITLE    NAME   STREET ADDRESS    STREET ADDRESS   CITY-ST-ZIP    NAPLES, FL 34102   Delete   TITLE    NAME   STREET ADDRESS    STREET ADDRESS   CITY-ST-ZIP    NAPLES, FL 34102   Delete   TITLE    NAME   STREET ADDRESS    STREET ADDRESS   CITY-ST-ZIP    NAME   STREET ADDRESS    STRE	SIGNATURE .								
TITLE NAME FARREN, NANCY FARREN, NANCY STREET ADDRESS CITY-ST-2P NAPLES, FL 34102  TITLE VD ERICKSON, ROSE MARY ERICKSON, ROSE MARY A31 LAGOON AVENUE CITY-ST-2P NAPLES, FL 34108  TITLE SD MESSICK, AUDRONE MESSICK, AUDRONE A94 THIRD AVENUE SOUTH NAME FARREN, FRANK FARREN, FRANK STREET ADDRESS CITY-ST-2P TITLE NAME MAPLES, FL 34102  TITLE TD FARREN, FRANK FARREN, FRANK FARREN, FRANK STREET ADDRESS CITY-ST-2P NAPLES, FL 34102  TITLE NAME MARE STREET ADDRESS CITY-ST-2P TITLE NAME NAME STREET ADDRESS CITY-ST-2P NAPLES, FL 34102  TITLE NAME NAME STREET ADDRESS CITY-ST-2P NAPLES, FL 34102  TITLE NAME NAME STREET ADDRESS CITY-ST-2P NAPLES, FL 34102  TITLE NAME STREET ADDRESS CITY-ST-2P NAPLES, FL 34110  Change Addition Addition Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-2P NAPLES, FL 34110		Signature, typed or printed name of registered agent a	nd title # applicable. (NOTE:	: Registered Agent sig	preture required	when reinstating)	D	ATE	
FARREN, NANCY STREET ADDRESS CITY-ST-ZPP NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP NAPLES, FL 34102  TITLE NAME STREET ADDRESS CITY-ST-ZPP NAPLES, FL 341102  TITLE NAME STREET ADDRESS CITY-ST-ZPP NAPLES, FL 34102		Filing Fee is \$61.25	9. Election Cam	paign Financing	9	\$5.00 May Be	Make c	heck payable t	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102  TITL	10.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing	9 🗆	\$5.00 May Be Added to Fees	Make c Florida De	heck payable t	tate
CITY-ST-ZP NAPLES, FL 34102  CITY-ST-ZP NAPLES, FL 34102  CITY-ST-ZP  ITILE NAME ERICKSON, ROSE MARY 431 LAGOON AVENUE NAPLES, FL 34108  TITLE NAME STREET ADDRESS CITY-ST-ZP NAPLES, FL 34108  TITLE NAME MESSICK, AUDRONE 494 THIRD AVENUE SOUTH NAPLES, FL 34102  TITLE NAME FARREN, FRANK HAPLES, FL 34102  TITLE NAME STREET ADDRESS CITY-ST-ZP NAPLES, FL 34102  TITLE NAME STREET ADDRESS CITY-ST-ZP	TITLE	Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing ontribution.	9 🗆	\$5.00 May Be Added to Fees	Make c Florida De	heck payable t epartment of S	tate
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NAME STREET ADDRESS 431 LAGOON AVENUE CITY-ST-ZIP NAPLES, FL 34108    Delete	TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2008  OFFICERS AND DIR PD FARREN, NANCY 400 7TH AVENUE SOUTH	9. Election Cam Trust Fund Co	paign Financing ontribution.  11. TITLE NAME STREET ADDRES	9 0	\$5.00 May Be Added to Fees	Make c Florida De	heck payable t epartment of S	tate
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NAME HARRIS, JEWELL NAME  STREET ADDRESS CITY-ST-ZIP  NAPLES, FL 34102  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2008  OFFICERS AND DIR  PD  FARREN, NANCY 400 7TH AVENUE SOUTH NAPLES, FL 34102  VD  ERICKSON, ROSE MARY 431 LAGOON AVENUE NAPLES, FL 34108  SD  MESSICK, AUDRONE 494 THIRD AVENUE SOUTH NAPLES, FL 34102  TD  FARREN, FRANK 400 7TH AVENUE SOUTH NAPLES, FL 34102  D  MURRAY, CHARLES 2582 CREEK BEND DR	9. Election Cam Trust Fund Co ECTORS  Delete  Delete	paign Financing ontribution.  11.  IIILE NAME STREET ADDRES CITY-ST-ZIP	S Teles NI S VIC FOR NI S VIC F	\$5.00 May Be Added to Fees  DDITIONS/CHANGES  HARA NITA  FLES, FL  APLES, FL  APLES, E  TAN TAEOU  504 MON	Make c Florida De S TO OFFICERS AN  VISON  PECIRCL  34104  LENT (Vd  2ANV  53  L34102  BLAY  FEROSSO	heck payable tepartment of S D DIRECTORS IN Change Change	Addition  Addition
CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee Is \$61.25 Due by May 1, 2008  OFFICERS AND DIR PD FARREN, NANCY 400 7TH AVENUE SOUTH NAPLES, FL 34102  VD ERICKSON, ROSE MARY 431 LAGOON AVENUE NAPLES, FL 34108  SD MESSICK, AUDRONE 494 THIRD AVENUE SOUTH NAPLES, FL 34102  TD FARREN, FRANK 400 7TH AVENUE SOUTH NAPLES, FL 34102  D MURRAY, CHARLES 2582 CREEK BEND DR BONITA SPRINGS, FL 34135	9. Election Cam Trust Fund Co ECTORS  Delete  Delete  Delete	paign Financing ontribution.  11.  TITLE  NAME STREET ADDRES CITY-ST-ZIP	S Teles NI S VIC FOR NI S VIC F	\$5.00 May Be Added to Fees  DDITIONS/CHANGES  HARA NITA  FLES, FL  APLES, FL  APLES, E  TAN TAEOU  504 MON	Make c Florida De S TO OFFICERS AN  VISON  PECIRCL  34104  LENT (Vd  2ANV  53  L34102  BLAY  FEROSSO	heck payable tepartment of S D DIRECTORS IN Change Change Change Change	Addition  Addition  Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee Is \$61.25 Due by May 1, 2008  OFFICERS AND DIR  PD FARREN, NANCY 400 7TH AVENUE SOUTH NAPLES, FL 34102  VD ERICKSON, ROSE MARY 431 LAGOON AVENUE NAPLES, FL 34108  SD MESSICK, AUDRONE 494 THIRD AVENUE SOUTH NAPLES, FL 34102  TD FARREN, FRANK 400 7TH AVENUE SOUTH NAPLES, FL 34102  D MURRAY, CHARLES 2582 CREEK BEND DR BONITA SPRINGS, FL 34135  D	9. Election Cam Trust Fund Co ECTORS  Delete  Delete  Delete	paign Financing ontribution.  11.  TITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME	S Teles NI S VIC FOR NI S VIC F	\$5.00 May Be Added to Fees  DDITIONS/CHANGES  HARA NITA  FLES, FL  APLES, FL  APLES, E  TAN TAEOU  504 MON	Make c Florida De S TO OFFICERS AN  VISON  PECIRCL  34104  LENT (Vd  2ANV  53  L34102  BLAY  FEROSSO	heck payable tepartment of S D DIRECTORS IN Change Change Change Change	Addition  Addition  Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2008  OFFICERS AND DIR  PD  FARREN, NANCY 400 7TH AVENUE SOUTH NAPLES, FL 34102  VD  ERICKSON, ROSE MARY 431 LAGOON AVENUE NAPLES, FL 34108  SD  MESSICK, AUDRONE 494 THIRD AVENUE SOUTH NAPLES, FL 34102  TD FARREN, FRANK 400 7TH AVENUE SOUTH NAPLES, FL 34102  D  MURRAY, CHARLES 2582 CREEK BEND DR BONITA SPRINGS, FL 34135  D HARRIS, JEWELL 76 3RD ST. NORTH	9. Election Cam Trust Fund Co ECTORS  Delete  Delete  Delete	paign Financing ontribution.  11.  IIILE NAME STREET ADDRES CITY-ST-ZIP  IITLE NAME STREET ADDRES CITY-ST-ZIP	S Teles 177 NI S VIC FIND NI S N	\$5.00 May Be Added to Fees  DDITIONS/CHANGES  HARA NITA  FLES, FL  APLES, FL  APLES, E  TAN TAEOU  504 MON	Make c Florida De S TO OFFICERS AN  VISON  PECIRCL  34104  LENT (Vd  2ANV  53  L34102  BLAY  FEROSSO	heck payable tepartment of S D DIRECTORS IN Change Change Change Change	Addition  Addition  Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DORSO

DORS