2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012333

Entity Name: PROVIDENCE HOUSE, INC.

FILED Jun 26, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
3725 E, STE. 8 AVE		3725 ESTEY AVE.	
#101 NAPLES, I	FL 34104	#101 NAPLES, FL 34104	
Current Mailing Address:		New Mailing Address:	
PO BOX 1 NAPLES, I			
In accordan	: 20-3889831 FEI Number Applied For () ice with s. 607.193(2)(b), F.S., the corporation did no I Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () receive the prior notice. Name and Address of New Registered Agent:	
STE D-102	PORT RD. SOUTH	FARREN, NANCY 400 7TH AVE S. NAPLES, FL 34102 US	
	e named entity submits this statement for the p e of Florida.	urpose of changing its registered office or registered agent, or both,	
SIGNATU	RE:	06/26/2009	
	Electronic Signature of Registered Age	nt Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	PD () Delete FARREN, NANCY 400 7TH AVENUE SOUTH NAPLES, FL 34102	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	TD () Delete NIVISON, RICHARD 173 STANHOPE CIRCLE NAPLES, FL 34104	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	SD () Delete MESSICK, AUDRONE 494 THIRD AVENUE SOUTH NAPLES, FL 34102	Title: SD (X) Change () Addition Name: RAY, MARTYNIUK Address: 15821 DELAPLATA City-St-Zip: NAPLES, FL 34110	
Title: Name: Address: City-St-Zip:	VP () Delete FARREN, FRANK 400 7TH AVE 5 NAPLES, FL 34102	Title: VP (X) Change () Addition Name: FARREN, FRANK Address: 400 7TH AVE S City-St-Zip: NAPLES, FL 34102	
Title: Name: Address: City-St-Zip:	D () Delete BLAY, JANTREON 15524 MONTEROSSO LN #202 NAPLES, FL 34110	Title: D (X) Change () Addition Name: JAN, TREMBLAY Address: 15524 MONTEROSSO LN #202 City-St-Zip: NAPLES, FL 34110	
Title: Name: Address: City-St-Zip:	D () Delete HARRIS, JEWELL 76 3RD ST. NORTH NAPLES, FL 34102	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: NANCY FARREN PD 06/26/2009