

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-12-2008 90010 010 ****61.25

DOCUMENT # N06000001875					
1. Entity Name REICHERT HOUSE, INC.					
Principal Place of Business 1704 SE 2ND AVENUE GAINESVILLE, FL 32602			Mailing Address 1704 SE 2ND AVENUE GAINESVILLE, FL 32602		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02082008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 20-5621656	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, TONY R 1216 SE 12 STREET GAINESVILLE, FL 32641				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 P NAME DIAZ, LUIS STREET ADDRESS PO BOX 13461 CITY-ST-ZIP GAINESVILLE, FL 32604	<input checked="" type="checkbox"/> Delete		TITLE P NAME Howard, Tommie STREET ADDRESS P.O. Box 835 CITY-ST-ZIP Hawthorne, FL 32640	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME HOWARD, TOMMIE STREET ADDRESS PO BOX 835 CITY-ST-ZIP HAWTHORNE, FL 32640	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Gwen Love STREET ADDRESS 3615 SW 13th St CITY-ST-ZIP STE 4 Gainesville, FL 32641	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME ALBRIGHT, JAMES STREET ADDRESS PO BOX 1250 CITY-ST-ZIP GAINESVILLE, FL 32602	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S NAME BANIS, TINA STREET ADDRESS 5912 NW 27 STREET CITY-ST-ZIP GAINESVILLE, FL 32653	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME JONES, TONY R STREET ADDRESS 1216 SE 12 STREET CITY-ST-ZIP GAINESVILLE, FL 32641	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME WILLIAMS, ROSA B STREET ADDRESS PO BOX 2607 CITY-ST-ZIP GAINESVILLE, FL 32602	<input type="checkbox"/> Delete		<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: <i>James Albright</i>			2/7/2008 352 334-2441		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		