

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 02, 2008  
Secretary of State

DOCUMENT# N07000001693

Entity Name: NELLY'S HOUSE INC.

**Current Principal Place of Business:**

7651 TAMARAC ISLAND CIRCLE  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 770194  
CORAL SPRINGS, FL 33077

**New Mailing Address:**

PO BOX 656  
SIMPSONVILLE, SC 29681

FEI Number: 32-0189325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WAGNAC, T. CARMEL  
7651 TAMARAC ISLAND CIRCLE  
TAMARAC, FL 33321 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: D ( ) Delete  
Name: WAGNAC, T. CARMEL  
Address: 7651 TAMARAC ISLAND CIRCLE  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: MATHIEU, ROSE LAURE  
Address: 2330 SW 125 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete  
Name: THOMAS, FRANCINE  
Address: 7672 KIMBERLY BLVD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: P ( ) Delete  
Name: HUNT, RACHEL J  
Address: 103 CLEAR LAKE DR  
City-St-Zip: SIMPSONVILLE, SC 29680

Title: VPT ( ) Delete  
Name: WAGNAC, JEAN RUBY  
Address: 1990 WESTFIELD DRIVE  
City-St-Zip: GURNEE, IL 60031

**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:

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: RACHEL HUNT

P

02/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date