

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010901

FILED  
May 01, 2008  
Secretary of State

Entity Name: LYDIA'S HOUSE, INC.

**Current Principal Place of Business:**

601 NORTH FLORIDA AVENUE  
WAUCHULA, FL 33873 US

**New Principal Place of Business:**

**Current Mailing Address:**

601 NORTH FLORIDA AVENUE  
WAUCHULA, FL 33873 US

**New Mailing Address:**

FEI Number: 11-3827330      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

WHITE, SHERRY  
313 RIVERSIDE DRIVE  
WAUCHULA, FL 33873 US

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: DP ( ) Delete  
Name: WHITE, SHERRY  
Address: 313 RIVERSIDE DRIVE  
City-St-Zip: WAUCHULA, FL 33873 US

Title: D ( ) Delete  
Name: LECOCQ, DEBBIE  
Address: 2975 OAKS BEND  
City-St-Zip: BOWLING GREEN, FL 33834 US

Title: D ( ) Delete  
Name: BIRGE, SUE  
Address: 630 BRANCH LANE  
City-St-Zip: WAUCHULA, FL 33873 US

Title: D ( ) Delete  
Name: PRESTON, CANDACE  
Address: P.O. BOX 1845  
City-St-Zip: WAUCHULA, FL 33873 US

Title: D ( ) Delete  
Name: AUTRY, DIANE  
Address: 1227 ASPEN LANE  
City-St-Zip: WAUCHULA, FL 33873 US

Title: D ( ) Delete  
Name: WYATT, CAROLYN  
Address: 507 CIVIC CENTER DRIVE  
City-St-Zip: WAUCHULA, FL 33873 US

**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:

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: SHERRY WHITE

PRES

05/01/2008

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

\_\_\_\_\_  
Date