

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010901

FILED
Apr 15, 2009
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 ()

Name and Address of Current Registered Agent:

WHITE, SHERRY
313 RIVERSIDE DRIVE
WAUCHULA, FL 33873 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: 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: D (X) Change () Addition
Name: MAKAS, BARBARA
Address: 409 ALICE STREET
City-St-Zip: WAUCHULA, FL 33873 US

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

DP

04/15/2009

Electronic Signature of Signing Officer or Director

Date