

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010901

FILED  
Feb 28, 2011  
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  
770 ALTON CARLTON RD  
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  
Name: WHITE, SHERRY  
Address: 770 ALTON CARLTON RD  
City-St-Zip: WAUCHULA, FL 33873 US

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

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

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

Title: D  
Name: MAKAS, BARBARA  
Address: 409 ALICE STREET  
City-St-Zip: WAUCHULA, FL 33873 US

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

I hereby 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 all other like empowered.

SIGNATURE: SHERRY WHITE

DP

02/28/2011

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

\_\_\_\_\_  
Date