

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009851

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** GOLDEN HALO TRANSITIONAL SERVICES, INC

**Current Principal Place of Business:**

1212 CHILKOOT AVENUE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

1212 CHILKOOT AVENUE  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 45-3586391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERS, STEPHANIE  
1212 CHILKOOT AVENUE  
TAMPA, FL 33612 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: P  
Name: RIVERS, STEPHANIE  
Address: 1212 CHILKOOT AVENUE  
City-St-Zip: TAMPA, FL 33612

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: STEPHANIE RIVERS

P

01/04/2012

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

\_\_\_\_\_  
Date