

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29832

Entity Name: QUIGLEY HOUSE, INC.

FILED
Apr 06, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 142
ORANGE PARK, FL 32067

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 142
ORANGE PARK, FL 32067

New Mailing Address:

FEI Number: 59-2935027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLY, EDWARD L.
1600 FIRST UNION BLDG.
200 W. FORSYTH ST.
JACKSONVILLE, FL 32202 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: SD () Delete
Name: CATHERINE, BOWDEN
Address: 2000 CALUSA TRAIL
City-St-Zip: MIDDLEBURG, FL 32068

Title: PD () Delete
Name: TERRY, DEBORAH
Address: 5 FOX VALLEY DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: TD () Delete
Name: RODESNEY, STEVEN
Address: 767 BLANDING BLVD #103
City-St-Zip: ORANGE PARK, FL 32065

Title: ED () Delete
Name: YOUNGERMAN, SHARON
Address: 1650 RIVERS ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VD () Delete
Name: JETER, JUDY
Address: 1744 SHORELINE ROAD
City-St-Zip: ORANGE PARK, FL 32073

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: CATHERINE, BOWDEN
Address: 2000 CALUSA TRAIL
City-St-Zip: MIDDLEBURG, FL 32068

Title: HD (X) Change () Addition
Name: TERRY, JOYCE
Address: 755 WESTMINSTER DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: TD (X) Change () Addition
Name: HARRINGTON, TERESA
Address: 358 STILES AVE.
City-St-Zip: ORANGE PARK, FL 32073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: JETER, JUDY
Address: 1744 SHORELINE ROAD
City-St-Zip: ORANGE PARK, FL 32073

Title: SD () Change (X) Addition
Name: WHEELER, DEBORAH
Address: P.O. BOX 548
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARON YOUNGERMAN

ED

04/06/2004

Electronic Signature of Signing Officer or Director

Date