## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N29832

Entity Name: QUIGLEY HOUSE, INC.

Apr 29, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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P.O. BOX 142

ORANGE PARK, FL 32067

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 142

ORANGE PARK, FL 32067

FEI Number: 59-2935027 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

KELLY, EDWARD L 1600 FIRST UNION BLDG. 200 W. FORSYTH ST JACKSONVILLE, FL 32202 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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete CATHERINE, BOWDEN CATHERINE, BOWDEN Name: Name: 2000 CALUSA TRAIL Address: 2000 CALUSA TRAIL Address:

City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: MIDDLEBURG, FL 32068

Title: HD (X) Delete Title: () Change () Addition

Name: TERRY, JOYCE Name: Address: 755 WESTMINSTER DRIVE Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip:

Title: () Delete Title: () Change () Addition

HARRINGTON, TERESA Name: Name: Address: 358 STILES AVE. Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip:

Title: ED ( ) Delete Title: () Change () Addition

Name: YOUNGERMAN, SHARON Name: 1650 RIVERS ROAD Address: Address: City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip:

Title: PD () Delete Title: SD (X) Change ( ) Addition

JETER, JUDY Name: Name: MAHLA, DARLENE 1744 SHORELINE ROAD 222 EVENTIDE DRIVE Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 32003

Title: ( ) Delete Title: (X) Change ( ) Addition

WHEELER, DEBORAH WHEELER, DEBORAH Name: Name:

Address: P.O. BOX 548 Address: P.O. BOX 548

GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 32043 City-St-Zip: City-St-Zip:

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 04/29/2005