

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90221 038 \*\*\*\*61.25

<b>DOCUMENT # N32609</b> 1. Entity Name <b>ARBOR HOUSE, INC.</b>					
Principal Place of Business <b>2618 NW 6 ST GAINESVILLE, FL 32609</b>			Mailing Address <b>PO BOX 12363 GAINESVILLE, FL 32604-7363</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2941889</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>COLE, RON 2236 NW 37TH PL GAINESVILLE, FL 32605</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
<div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <b>Ron Cole</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <b>4-27-06</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD COLE, RON 2236 NW 37TH PL GAINESVILLE, FL 32605</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Tonia Potter 5500 SW Archer Rd Box Gainesville, FL 32608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CHAMBERS, JANET TREASUR 6807 SE 183RD PL Micanopy, FL 32667</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Judy Callahan 8105 NE 56th Terrace Gainesville, FL 32609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD HOARE, GEOFF 1618 NW 42 AVE GAINESVILLE, FL 32606</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AMERSON, COLIN 21068 NW 196TH AVE HIGH SPRINGS, FL 32643</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PETITTI, JENNY 8232 SW 47 ROAD GAINESVILLE, FL 32608</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LONG, JENNIFER 2618 NW 6TH STREET GAINESVILLE, FL 32609</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE:   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <b>Ron Cole</b>  <small>Date</small> </div> <div> <b>4-27-06 352-372-9525</b>  <small>Daytime Phone #</small> </div> </div>					