

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32609

FILED
Aug 08, 2012
Secretary of State

Entity Name: ARBOR HOUSE, INC.

Current Principal Place of Business:

2618 NW 6 ST
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

PO BOX 12363
GAINESVILLE, FL 326047363

New Mailing Address:

PO BOX 5513
GAINESVILLE, FL 32627

FEI Number: 59-2941889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINNEGAN, CHRISTY
14221 SW 143RD ST
ARCHER, FL 32618 US

Name and Address of New Registered Agent:

SLEVIN, KAREN
1701 NE 9 STREET
GAINESVILLE, FL 32609 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: KAREN SLEVIN

08/08/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: FINNEGAN, CHRISTY
Address: 14221 SW 143 STREET
City-St-Zip: ARCHER, FL 32618

Title: D
Name: CHAMBERS, JANET
Address: 6807 SE 183RD PL
City-St-Zip: MICANOPY, FL 32667

Title: T
Name: EDWIN, GRISWOLD
Address: 8724 SW 98TH AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: C
Name: HARRIS, AUDRIE
Address: PO BOX 358595
City-St-Zip: GAINESVILLE, FL 32635

Title: D
Name: VONCEIL, LEVINE
Address: 2867 SW 38TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: DOUGHERTY, CHASSITY
Address: 4035 NW 37 DRIVE
City-St-Zip: GAINESVILLE, FL 32606

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: KAREN SLEVIN

RA

08/08/2012

Electronic Signature of Signing Officer or Director

Date