## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N36205

Entity Name: FRANCIS HOUSE, INC.

**Current Principal Place of Business:** 

FILED Jun 01, 2004 Secretary of State

4703 N FLORIDA AVE. TAMPA, FL 33603 **Current Mailing Address: New Mailing Address:** 4703 N FLORIDA AVE. TAMPA, FL 33603 FEI Number: 59-2999484 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HROMALIK, LORRAINE M ROBERTSHAW, LISA 4703 N. FLÓRIDA AVE. 4703 N. FLORIDA AVE TAMPA, FL 33603 TAMPA, FL 33603 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: LISA ROBERTSHAW 06/01/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete ABROMALIK, LORRAINE M ROBERTSHAW, LISA M Name: Name: 16112 RAMBLING VINE DRIVE EAST Address: 13618 GREENFIELD DR, #204 Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33618

City-St-Zip: TAMPA, FL 33603

Title:

Title:

Name:

Name:

Address:

CD

SD ( ) Delete MALOWNEY, JACKIE

() Delete

DWYER, DOROTHY SR.

1303 W. BRADDOCK ST.

 Address:
 5117 BRANCH AVE

 City-St-Zip:
 TAMPA, FL 33603

 Title:
 DVP ( ) Delete

 Name:
 GOODWIN, LARRY

 Address:
 829 W. DR. MLK BLVD.

 City-St-Zip:
 TAMPA, FL 33683

Title: VP ( ) Delete Name: CARRERA, RENEE

Address: 3001 S DELSON ST #1001 City-St-Zip: TAMPA, FL 33609 Title: ( ) Change ( ) Addition

() Change () Addition

**New Principal Place of Business:** 

City-St-Zip:

Title: Name: Address:

Title:

Name:

Name:

Address:

Address:

City-St-Zip:

( ) Change ( ) Addition

Title: Name: Address: City-St-Zip:

City-St-Zip:

( ) Change ( ) Addition e:

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: LISA ROBERTSHAW ED 06/01/2004