## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N36205

City-St-Zip:

TAMPA, FL 33603 US

FILED Jul 07, 2008 Secretary of State

Entity Nar	me: FRANCIS HOUSE, INC.	
Current P	rincipal Place of Business:	New Principal Place of Business:
4703 N. FL TAMPA, FI	LORIDA AVE L 33603 US	
Current Mailing Address:		New Mailing Address:
4703 N FLO TAMPA, FI	ORIDA AVE. L 33603 US	4703 N. FLORIDA AVE TAMPA, FL 33603 US
In accordan	: 59-2999484 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not I Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) receive the prior notice.  Name and Address of New Registered Agent:
	JOY A ED LORIDA AVE. L 33603 US	
	named entity submits this statement for the pu e of Florida.	urpose of changing its registered office or registered agent, or both,
SIGNATUR	RE:	
	Electronic Signature of Registered Agen	nt Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () Delete WINHEIM, JOY A 27144 LA JOLLA WAY WESLEY CHAPEL, FL 33543 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	P ( ) Delete SHUTE, PETER 4703 N. FLORIDA AVE TAMPA, FL 33603 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP ( ) Delete MCCALL, RICK 4703 N. FLORIDA AVE TAMPA, FL 33603 US	Title: VP (X) Change ( ) Addition Name: BECKNER, KEVIN Address: 4703 N. FLORIDA AVE City-St-Zip: TAMPA, FL 33603 US
Title: Name: Address: City-St-Zip:	S ( ) Delete WHITE, ANDREA 4703 N. FLORIDA AVE TAMPA, FL 33603 US	Title: S (X) Change ( ) Addition Name: ANDREWS, STEPHEN PASTOR Address: 4703 N. FLORIDA AVE City-St-Zip: TAMPA, FL 33603 US
Title: Name: Address:	T () Delete GONZALES, HEATHER 4703 N. FLORIDA AVE	Title: ( ) Change ( ) Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: JOY WINHEIM 07/07/2008 D