2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N39529

Entity Name: VISITATION HOUSE, INC.

MCCANTS, RON

APOPKA, FL 32703

7 W MAIN STREET, STE 300

Name:

Address:

City-St-Zip:

FILED Jun 30, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O WAY, JAMES 6285 45 STREET VERO BEACH, FL 32967 US **New Mailing Address: Current Mailing Address:** C/O WAY, JAMES 6285 45 STREET VERO BEACH, FL 32967 US FEI Number: 59-3011848 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: WAY, JAMES **6285 45TH STREET** VERO BEACH, FL 329677897 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: () Change () Addition () Delete BALL, ROGER Name: Name: 455 SW 58TH AVE Address: Address: City-St-Zip: VERO BEACH, FL 32968 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: HANKLE, DAVID, Name: BELL, DWIGHT W Address: 1075 31ST AVENUE Address: 361 SW MAJESTIC TERRACE City-St-Zip: VERO BEACH, FL City-St-Zip: PORT ST LUCIE, FL 34984 Title: () Delete Title: () Change () Addition WAY, JAMES Name: Name: Address: 6285 45TH ST Address: City-St-Zip: VERO BEACH, FL City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: WILLIS, RAY Name: Address: 890 N HWY 19 Address: City-St-Zip: PALATKA, FL 32178 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DWIGHT W BELL D 06/30/2003