

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42025

FILED
Jan 10, 2005
Secretary of State

Entity Name: ATKINS GROUP HOME, INC.

Current Principal Place of Business:

38839 5TH AVE
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

38839 5TH AVE
ZEPHYRHILLS, FL 33542

New Mailing Address:

FEI Number: 59-3043343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATKINS, CHARLES E
38839 5TH AVE
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: ATKINS, CHARLES E., III
Address: 5324 17TH ST
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DST () Delete
Name: KELLY, CATHERINE T.,
Address: 39136 9TH AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DV () Delete
Name: PAGE, PATSY L.,
Address: 5522 17 ST.
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES E. ATKINS III

DP

01/10/2005

Electronic Signature of Signing Officer or Director

Date