

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90250 032 \*\*\*\*70.00

**DOCUMENT # N44193**

1. Entity Name  
L'ARCHE HARBOR HOUSE, INCORPORATED



Principal Place of Business  
700 ARLINGTON ROAD  
JACKSONVILLE, FL 32211

Mailing Address  
700 ARLINGTON ROAD  
JACKSONVILLE, FL 32211

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3117677

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN, WILLIAM B. JR. ESQUIRE  
3000-8 HARTLEY ROAD  
JACKSONVILLE, FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete  
NAME BIANCO, DELORES  
STREET ADDRESS 5423 SANTA ROSA WAY  
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE ☐ Change ☒ Addition  
NAME President  
STREET ADDRESS Crowder, Thomas  
CITY-ST-ZIP 1668 Sea Oats Drive  
Atlantic Beach, FL 32233

TITLE S ☒ Delete  
NAME O'CONNOR, CHERYL SECRETARY  
STREET ADDRESS 7837 LA SIERRA COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☒ Change ☐ Addition  
NAME Vice President  
STREET ADDRESS O'Connor, Cheryl  
CITY-ST-ZIP 7837 La Sierra Court  
Jacksonville, FL 32256

TITLE T ☒ Delete  
NAME BIANCO, DELORES VP  
STREET ADDRESS 5423 SANTA ROSA WAY  
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE ☐ Change ☐ Addition  
NAME Secretary  
STREET ADDRESS O'Hon, Linda  
CITY-ST-ZIP 5201 Atlantic Boulevard, Condo #252  
Jacksonville, FL 32207

TITLE T ☒ Delete  
NAME SEBESTA, JAMES J TREAS  
STREET ADDRESS 1208 EDGEWATER DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE ☐ Change ☒ Addition  
NAME Treasurer  
STREET ADDRESS Shea, Vincent J.  
CITY-ST-ZIP 11709 Merrilee Court  
Jacksonville, FL 32256

TITLE D ☐ Delete  
NAME MAYHEW, PATRICK J EXDIR  
STREET ADDRESS 11750 GREENLAND OAKS DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME SCAGHANNI, PAUL  
STREET ADDRESS 10525 OSPREY NEST DR. E.  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Patrick J. Mayhew*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/2007 904-781-5992  
Date Daytime Phone #