2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46729

Entity Name: THE GABRIEL HOUSE, INC.

Apr 27, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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15350 SWEETWATER CT FT. MYERS, FL 33912

Current Mailing Address: New Mailing Address:

15350 SWEETWATER CT FT. MYERS, FL 33912 US

FEI Number: 65-0308014 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:

LEE, H. GREG 2014 FOURTH ST SARASOTA, FL 34237

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:

() Delete (X) Change () Addition MURPHY, JERRY DRAKE, T. DREW Name: Name: 2-50 COLUMBUS CIRCLE Address: 7370 COLLEGE PKWY Address: City-St-Zip: NAPLES, FL 33963 City-St-Zip: FORT MYERS, FL 33907

Title: ED () Delete Title: () Change () Addition

Name: RAVISH, ANNIE R Name: Address: 15350 SWEETWATER CT Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

LACIVITA, RALPH Name: GARAY, CONNIE Name: 5410 PEPPER DRIVE Address: P.O. BOX 2311 Address: City-St-Zip: NAPLES, FL 34106 City-St-Zip: FORT MYERS, FL 33908

Title: () Delete Title: () Change () Addition

Name: RAVISH, EDWARD B Name: 15350 SWEETWATER CT Address: Address: City-St-Zip: FT MYERS, FL 33912 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

MACFARLANE, DENNIS TONEY, SANDY Name: Name:

15894 BROTHERS CT 14840 LAKE OLIVE DRIVE Address: Address: City-St-Zip: FT MYERS, FL 33912 City-St-Zip: FT MYERS, FL 33919

Title: () Delete Title: (X) Change () Addition

KINNAMAN, BRENDA LEA TONEY, SANDY Name: Name:

Address: 3219 LASALLE AVE Address: P O BOX 1080 FORT MYERS, FL 33907 SANIBEL ISLAND, FL 33957 City-St-Zip: 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: EDWARD B. RAVISH Ρ 04/27/2004