

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46729

FILED  
Jan 15, 2010  
Secretary of State

Entity Name: THE GABRIEL HOUSE, INC.

**Current Principal Place of Business:**

15350 SWEETWATER CT  
FT. MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

16520 S TAMIAMI TRAIL 18251  
FT. MYERS, FL 33908 US

**New Mailing Address:**

16520 S TAMIAMI TRAIL 138-251  
FT. MYERS, FL 33908 US

FEI Number: 65-0308014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RAVISH, EDWARD B  
15350 SWEETWATER COURT  
FORT MYERS, FL 33912 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: D/SE  
Name: TONEY, SANDY  
Address: 14840 LAKE OLIVE DRIVE  
City-St-Zip: FORT MYERS, FL 33919

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

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

Title: D  
Name: HUTCHINSON, GLENN  
Address: 2904 S E 5TH PLACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: D  
Name: COAPIETRO, DON  
Address: 10575 SHANGRI LA ROAD  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: EDWARD B RAVISH

PRES

01/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date