

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003603 (8)**

1. Corporation Name

TRANSFORMATION HOUSE, INC.



Principal Place of Business

Mailing Address

**729 LAUREL DRIVE
LAKE PARK FL 33403**

**729 LAUREL DRIVE
LAKE PARK FL 33403**

3. Date Incorporated or Qualified

08/06/1993

3a. Date of Last Report

05/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

65-0437635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOBS, RONALD C
729 LAUREL DRIVE
LAKE PARK FL 33403**

81 Name **William H. Leitch**

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

729 LAUREL DR

83

84 City **LAKE PARK**

FL

85 Zip Code **33403**

11. Pursuant to the provisions of Sections 617.0502 and 617.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.1505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

6/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **DP JACOBS, RONALD C**
STREET ADDRESS **729 LAUREL DRIVE**
CITY-ST-ZIP **LAKE PARK FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **William H. Leitch**
1.3 STREET ADDRESS **4375 GARDENIA DR**
1.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☒ DELETE
NAME **D MCCAOW, GREG**
STREET ADDRESS **10049 DASHEEN**
CITY-ST-ZIP **PALM BCH. GDNS. FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **STEVE LeBETTER**
2.3 STREET ADDRESS **711 LAUREL DR.**
2.4 CITY-ST-ZIP **LAKE PARK, FL 33403**

TITLE ☒ DELETE
NAME **DS JACOBS, CHARLES E**
STREET ADDRESS **637 RIVERSIDE DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **PASTOR JACK Lenza**
3.3 STREET ADDRESS **90 FIRST BAPTIST Church**
3.4 CITY-ST-ZIP **127 S. MIST Lake Worth, FL 33461**

TITLE ☐ DELETE
NAME **D BALDWIN, CARY**
STREET ADDRESS **10181 DAHLIA AVE.**
CITY-ST-ZIP **PALM BCH. GDNS. FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **KERRY KRAUSE**
4.3 STREET ADDRESS **391 WINTER LANE**
4.4 CITY-ST-ZIP **Palm Beach Gardens 33410**

TITLE ☐ DELETE
NAME **D DAVINO, MIKE**
STREET ADDRESS **1600 SHERWOOD DR**
CITY-ST-ZIP **WEST PALM BCH. FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D SIFFORD, KEN**
STREET ADDRESS **831 LAUREL DR.**
CITY-ST-ZIP **LAKE PARK FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

6/5/96

407-881-9910

CR2E037 (3/96)