

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003603 (8)**

1. Corporation Name

TRANSFORMATION HOUSE, INC.



Principal Place of Business 735 LAUREL DRIVE LAKE PARK FL 33403 US	Mailing Address 735 LAUREL DRIVE LAKE PARK FL 33403 US
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3. Date Incorporated or Qualified 08/06/1993
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4. FEI Number 65-0437635	Applied For <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent WILLIAM H. LEITCH 735 LAUREL DRIVE LAKE PARK FL 33403

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0501, Florida Statutes. SIGNATURE <i>[Signature]</i> DATE 2/13/98 <small>(NOTE: Registered Agent signature required when reinstating)</small>
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12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	LEITCH, WILLIAM A.
STREET ADDRESS	4325 GARDENIA DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LEDBETTER, STEVE
STREET ADDRESS	711 LAURA DRIVE
CITY-ST-ZIP	LAKE PARK FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LENZA, JACK PASTOR
STREET ADDRESS	127 SOUTH M. ST., % FIRST BAPTIST CHURCH
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WARNER, PENNY
STREET ADDRESS	1012 MANOR DRIVE
CITY-ST-ZIP	PALM SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVINO, MIKE
STREET ADDRESS	13419 76TH RD. N.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DAN BROWN
33 STREET ADDRESS	374 Bayberry DR
34 CITY-ST-ZIP	LAKE PARK, FL 33403
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	TOM STROD
63 STREET ADDRESS	434 TEQUILA DR
64 CITY-ST-ZIP	TEQUILA, FL 33466

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or 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 any attachment with an address.

SIGNATURE: <i>[Signature]</i> DATE: 2/13/98 FILE NO: 561-881-9910

CR2E037 (10/97)