

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2009
Secretary of State

DOCUMENT# N93000004541

Entity Name: THE TRANSITION HOUSE, INC.

Current Principal Place of Business:

900 EAST VINE STREET
KISSIMMEE, FL 34744

New Principal Place of Business:

3800 5TH STREET
ST CLOUD, FL 34769

Current Mailing Address:

900 EAST VINE STREET
KISSIMMEE, FL 34744

New Mailing Address:

3800 5TH STREET
ST. CLOUD, FL 34769

FEI Number: 59-3208913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIFFIN, THOMAS J
2994 EL BIB DRIVE
SAINT CLOUD, FL 34772 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: THOMAS J. GRIFFIN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: GRIFFIN, THOMAS J
Address: 2994 EL BIB DRIVE
City-St-Zip: ST CLOUD, FL 34772

Title: SD () Delete
Name: DABOIN, MICHELLE
Address: WEST CARROL STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: COB () Delete
Name: LANE, BILL REP.
Address: OFF. OF COUNTY COMMIS. 1 COURTHOUSE SQ.
City-St-Zip: KISSIMMEE, FL 34741

Title: T () Delete
Name: BEARCE, ANITA
Address: 2560 13TH STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: BM () Delete
Name: GEMSKIE, NANCY
Address: KATHERINE ST.
City-St-Zip: KISSIMMEE, FL 34741

Title: BM () Delete
Name: DWYER, ROBERT
Address: 800 NORTH MAIN STREET
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COB (X) Change () Addition
Name: FALKOWSKI, CHRIS
Address: 1103 PENNSYLVANIA AVENUE
City-St-Zip: ST CLOUD, FL 34769

Title: SOB (X) Change () Addition
Name: BYKOWSKI, JOHN
Address: 1301 CLAY STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: BM (X) Change () Addition
Name: MATHERN, LARRY
Address: 2831 SWEETSPIKE CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BM (X) Change () Addition
Name: GANT, GEORGE
Address: 9 GLENDALE DRIVE
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS J. GRIFFIN

Electronic Signature of Signing Officer or Director

CEO

10/05/2009

Date