

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004541

FILED
Mar 27, 2012
Secretary of State

Entity Name: THE TRANSITION HOUSE, INC.

Current Principal Place of Business:

3800 5TH STREET
ST CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

3800 5TH STREET
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 59-3208913 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

Title: COB
Name: FALKOWSKI, CHRIS
Address: 1103 PENNSYLVANIA AVENUE
City-St-Zip: ST CLOUD, FL 34769

Title: SOB
Name: BYKOWSKI, JOHN
Address: 1301 CLAY STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: BM
Name: MATHERN, LARRY
Address: 2831 SWEETSPIKE CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: BM
Name: GEMSKIE, JEROME
Address: KATHERINE ST.
City-St-Zip: KISSIMMEE, FL 34741

Title: BM
Name: GANT, GEORGE
Address: 9 GLENDALE DRIVE
City-St-Zip: KISSIMMEE, FL 34744

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: THOMAS J. GRIFFIN

CEO

03/27/2012

Electronic Signature of Signing Officer or Director

_____ Date