2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 27, 2006 8:00 am **Secretary of State** DOCUMENT # N94000003975 1. Entity Name 02-27-2006 90065 012 ****61.25 FAMILY HERITAGE HOUSE, INC. Principal Place of Business Mailing Address MANATEE COMMUNITY COL -1310 61ST STREET NW 5840 26TH STREET W **BRADENTON FL 34209 BRADENTON FL 34207** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0509048 Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LYNMETTE, EDWARDS Street Address (P.O. Box Number is Not Acceptable) 3610 4TH AVE BRADENTON FL 34208 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agepted both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61,25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006" Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. TITLE ☐ Delete THE ☐ Addition BROWN, GWENDOLYN Y 502 20TH ST. WEST STREET ADDRESS STREET ADDRESS PALMETTO FL CITY-S1-ZIP CITY-ST-ZIP PD Change TITLE ☐ Delete TITLE Addition BROWN, FREDI NAME NAME 1310 61ST ST. W. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE ANDERSON, TOMMIE J NAME STREET ADDRESS 510 21ST AVE. WEST STREET ADDRESS BRADENTON FL CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change STEPHENS, DOTTIE NAME NAME STREET ADDRESS STATE ROAD 64 EAST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP Change TITLE Delete TITLE Addition | ROSEN, JOHN F DR NAME 313 SCOTT AVE STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE EDWARD, LYNETTE NAME NAME 3610 4TH AVE NE STREET ADDRESS STREET ADDRESS **BRADENTON FL 34208** CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 it changed or on a statisfication with an address, with all other like empowered.

ke empowered.

Lynette Edwards

FILED