

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT #N95000001315

1. Entity Name
THE ATHENA HOUSE CORPORATION, INC.



Principal Place of Business
**212 S. MONROE STREET
TALLAHASSEE, FL 32301**

Mailing Address
**P.O. BOX 37305
TALLAHASSEE, FL 32315**



02092005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3304257

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GAVALAS, MIKE
212 S. MONROE STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GAVALAS, MIKE
212 S. MONROE STREET
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BERTO, ROBERT L
8225 OVERVIEW COURT
ROSWELL, GA 30076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
OLEARY, PATRICK G
6130 BORDERLINE DR.
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HILAMAN, BILL
3002 BRANDEMERE DR.
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LANG, DAVE
6025 ROBERTS RD
TALLAHASSEE, FL 32309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CARNES, BOB
518 N. RIDE
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVE LANG

9 Feb 05 850-893-764

Date

Daytime Phone #