


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000001315 1. Entity Name THE ATHENA HOUSE CORPORATION, INC.	
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Principal Place of Business 249 JOHN KNOX RD STE 100 TALLAHASSEE, FL 32303	Mailing Address P.O. BOX 37305 TALLAHASSEE, FL 32315
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6. Name and Address of Current Registered Agent O'LEARY, PATRICK 249 JOHN KNOX RD STE 100 TALLAHASSEE, FL 32303	4. FEI Number 59-3304257
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Applied For Not Applicable \$8.75 Additional Fee Required

FILED

2008 MAY -1 AM 10: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02152008 No Chg-NP CR2E037 (4/06)

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.	DATE
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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO 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	PD OLEARY, PATRICK G 6130 BORDERLINE DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COREY, ADAM 2006 ALTON RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOWONSKY, MICHAEL 2112 SCENIC RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARNES, BOB 518 N. RIDE TALLAHASSEE, FL 32303

600129482246

05/14/08--01041--040 **70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Patrick G. O'Leary, Pres 4/30/08 850/386-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #