

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000001315

1. Entity Name
THE ATHENA HOUSE CORPORATION, INC.



Principal Place of Business
**249 JOHN KNOX RD STE 100
TALLAHASSEE, FL 32303**

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

FILED

2008 MAY -1 AM 10:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02152008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3304257

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**O'LEARY, PATRICK
249 JOHN KNOX RD STE 100
TALLAHASSEE, FL 32303**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

**TITLE VPD
NAME COREY, ADAM
STREET ADDRESS 2006 ALTON RD
CITY-ST-ZIP TALLAHASSEE, FL 32303**

**TITLE SD
NAME YOWONSKY, MICHAEL
STREET ADDRESS 2112 SCENIC RD
CITY-ST-ZIP TALLAHASSEE, FL 32303**

**TITLE VPD
NAME CARNES, BOB
STREET ADDRESS 518 N. RIDE
CITY-ST-ZIP 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08
Date

850/386-8500
Daytime Phone #