

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 04, 2003 8:00 am
Secretary of State

3/

03-26-2003 90130 001 ****61.25

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 32301**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-3304257**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	T GAVALAS, MIKE	<input type="checkbox"/> Delete
STREET ADDRESS	212 S. MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE NAME	T BOYD, HINES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	735 W WASHINGTON ST	
CITY-ST-ZIP	MONTECELLO FL 32344	
TITLE NAME	T CALHOUN, CHARLIE	<input type="checkbox"/> Delete
STREET ADDRESS	212 S. MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE NAME	T BULTER, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	655 E TENNESSEE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE NAME	T BUFORD, A.L. (JACK) JR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7355 HEARTLAND CIR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE NAME	T WELLS, TOM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3501 KILKENNY DR. E.	
CITY-ST-ZIP	TALLAHASSEE FL 32308-3110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	(T) BERTO, ROBERT L.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8225 OVERVIEW CT	
CITY-ST-ZIP	ROSWELL, GA 30076	
TITLE NAME	(T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2080 OAK HAMMOCK DR	
CITY-ST-ZIP	PONTE VEDRA, FL 32082	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	(T) DAVE LANG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6025 ROBERTS RD	
CITY-ST-ZIP	TALLAHASSEE, FL, 32309	
TITLE NAME	(T) CARNES, BOB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	58 N. RIDE	
CITY-ST-ZIP	TALLAHASSEE, FL, 32303	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED** _____ Date _____ Daytime Phone # **850-893-7644**

CR2E037 (10/02)