

Corrected

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03 DEC 26 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # N95000003122					
1. Entry Name ARLINGTON HOUSE ACLF, INC.					
Principal Place of Business 203 MOODY RD PALATKA, FL 32177			Mailing Address PO BOX 466 PALATKA, FL 32178 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-3326525				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
POWERS, PENNY J 203 MOODY RD PALATKA, FL 32177				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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when submitting)					
FILE NOW: FEE IS \$51.25 (FEE IS \$100.00 IF FILING BY MAIL)		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWERS, PENNY J 203 SOUTH MOODY ROAD PALATKA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Allen, Betty L. 203 South Moody Rd Palatka FL 32177	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEBERT, BARBARA A 203 SOUTH MOODY RD. PALATKA, FL 32177	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bananan, Janice 203 South Moody Rd Palatka FL 32177	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, TONYA 203 SOUTH MOODY RD. PALATKA, FL 32177	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 <i>Barbara A. Hebert</i> sec Proos 12-19-03 386-328-0657 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

2003 AMENDED

500025726965

12/23/03--01034--004 **61.25



☐ CHECK HERE IF MAKING CHANGES

032E037 (10/02)