

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000003122**

1. Entity Name  
ARLINGTON HOUSE ACLF, INC.



Principal Place of Business  
203 MOODY RD  
PALATKA, FL 32177

Mailing Address  
PO BOX 466  
PALATKA, FL 32178 US



03062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

POWERS, PENNY J  
203 MOODY RD  
PALATKA, FL 32177

**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, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	POWERS, PENNY J
STREET ADDRESS	203 SOUTH MOODY ROAD
CITY-ST-ZIP	PALATKA, FL
TITLE	STD
NAME	HEBERT, BARBARA A
STREET ADDRESS	203 SOUTH MOODY RD.
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	ALLEN, BETTY L
STREET ADDRESS	203 SOUTH MOODY RD.
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	BOHANAN, JANICE
STREET ADDRESS	203 MOODY RD
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000084276  
03/10/04-80073-008 70.00

**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:**

*Penny J. Powers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04

Date

386-328-0657

Daytime Phone #