

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2004
Secretary of State**

DOCUMENT# N95000004569

Entity Name: MARY'S HOUSE, INC.

Current Principal Place of Business:

7900 NW 27 AVE.-NORTHSIDE SHOPPING CTR.
149 WEST PLAZA, STE. 240
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

P.O BOX 245954
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-0609094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIVENS, WILLIE MARY
7900 N.W. 27 AVE.-NORTHSIDE SHOPPING CTR.
149 WEST PLAZA-SUITE 240
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIVENS, WILLIE MARY
Address: 1555 SW 109TH AVENUE
City-St-Zip: MIAMI, FL 33024

Title: CD () Delete
Name: ROBERTSON, CHARLIE MAE
Address: 75 NW 46 STREET
City-St-Zip: MIAMI, FL 33127

Title: SD (X) Delete
Name: PHILLIPS, DAVID CORTEZ
Address: 15455 NE 6TH AVENUE, #308
City-St-Zip: NORTH MIAMI, FL 33162

Title: D () Delete
Name: REID, ELIZABETH
Address: 10260 SW 176TH STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MORTIMER, LAFARIES Y
Address: 3230 N.W. 151ST TERRACE
City-St-Zip: OPA LOCKA, FL 33054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE MARY GIVENS

D

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date