

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2005  
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:**

7900 NW 27 AVE.-NORTHSIDE SHOPPING CTR.  
149 WEST PLAZA, STE. 232  
MIAMI, FL 33147

**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: MIAMAI, FL 33024

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

Title: D (X) 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: ( ) 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: LAFARIES MORTIMER

D

01/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date