

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90227 026 ****61.25

DOCUMENT # N95000004569

1. Entity Name
MARY'S HOUSE, INC.



Principal Place of Business
**2640 NW 62ND STREET
MIAMI FL 33147**

Mailing Address
**P.O. BOX 245954
PEMBROKE PINES FL 33024**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
7900 NW 27 AVE

3. Mailing Address

Suite, Apt. #, etc. **Northside Shopping Center 149 WEST PLAZA**

Suite, Apt. #, etc.

City & State **Suite 240
Miami, Florida**

City & State

4. FEI Number **65-0609094**

Applied For
Not Applicable

Zip **33147** Country **Miami Dade**

Zip Country

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

6. Name and Address of Current Registered Agent
**GIVENS, WILLIE MARY
2640 NW 62ND STREET
MIAMI FL 33147**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
**7900 NW 27 AVE - Northside Shopping CTR.
149 WEST PLAZA - Suite 240**
City **Miami** FL Zip Code **33147**

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 obligation of registered agent.

SIGNATURE *Willie Mary Givens* **WILLIE MARY GIVENS** **2/12/03**
Signature, typed or printed name of registered agent and title if applicable. (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P GIVENS, WILLIE MARY	<input type="checkbox"/> Delete
STREET ADDRESS	1555 SW 109TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33024	
TITLE NAME	CD ROBERTSON, CHARLIE MAE	<input type="checkbox"/> Delete
STREET ADDRESS	75 NW 46 STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE NAME	SD PHILLIPS, DAVID CORTEZ	<input type="checkbox"/> Delete
STREET ADDRESS	15455 NE 6TH AVENUE, #308	
CITY-ST-ZIP	NORTH MIAMI FL 33162	
TITLE NAME	TD HARRIS, BETTE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	14150 SW 202ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE NAME	D REID, ELIZABETH	<input type="checkbox"/> Delete
STREET ADDRESS	10260 SW 176TH STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Willie Mary Givens* **WILLIE MARY GIVENS** **2/12/03** **786-318-1395**

CR2E037 (10/02)