

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001332

FILED  
May 05, 2004  
Secretary of State

Entity Name: THE HOUSES OF ASHKELON, INC.

**Current Principal Place of Business:**

1746 LONDON AVE  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

1746 LONDON AVE  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

6247 CREETOWN DRIVE  
JACKSONVILLE, FL 32216 US

FEI Number: 59-3381028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REYNOLDS, JOAN F  
1746 LONDON AVE  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

REYNOLDS, JOAN F  
6247 CREETOWN DRIVE  
JACKSONVILLE, FL 32216 US

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:

05/05/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REYNOLDS, JOAN F  
Address: 3414 RICKY COURT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: HAMILTON, JUDITH  
Address: 85 DEBARRY AVE., UNIT 3053  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: SILVERMAN, PHYLLIS  
Address: 6422 MERRILL ROAD  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete  
Name: KOSALKO, GRACE  
Address: LONDON AVE.  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: REYNOLDS, JOAN F  
Address: 6247 CREETOWN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216

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: GIGI KOSALKO

SECR

05/05/2004

Electronic Signature of Signing Officer or Director

Date