

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90093 026 \*\*\*\*70.00

**DOCUMENT # N97000003013**



1. Entity Name

THE CARPENTER'S HOUSE FOR CHILDREN, INC.

Principal Place of Business

35625 CYPRESS HAVEN WAY  
LEESBURG FL 34788

Mailing Address

P.O. BOX 417  
EUSTIS FL 32727

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANFREDI, PATRICK A  
35625 CYPRESS HAVEN WAY  
LEESBURG FL 34788

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANFREDI, PAT 35625 CYPRESS HAVEN WAY LEESBURG FL 34788	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT RIGBY, ART 3820 YOTHERS ROAD APOPKA FL 32712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOORE, RICHARD 111 LAWSON LAKE RD TOCCOA GA 30577	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RIGBY, CRYSTAL 3820 YOTHERS ROAD APOPKA FL 32712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GLENN, CARLENE 1202 LAKE SHORE BOULEVARD TAVARES FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANFREDI, LINDA 35625 CYPRESS HAVEN WAY LEESBURG FL 34788	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PT Rigby, Art 3820 Ambrosia Court Apopka FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP Moore, Richard P.O. Box 1739 Eustis FL 32727	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Rigby, Crystal 3820 Ambrosia Court Apopka FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** Patrick A. Manfredi Patrick A. Manfredi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-04 352-326-2699

Date

Daytime Phone #