2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N97000003013

Entity Name: THE CARPENTER'S HOUSE FOR CHILDREN, INC.

Current Principal Place of Business:

35625 CYPRESS HAVEN WAY
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 417
EUSTIS, FL 32727

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANFREDI, PATRICK A
35625 CYPRESS HAVEN WAY
LEESBURG, FL 34788 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:	D	( ) Delete
Name:	MANFREDI, PAT	
Address:	35625 CYPRESS HAVEN WAY	
City-St-Zip:	LEESBURG, FL 34788	
Title:	PT	( ) Delete
Name:	RIGBY, ART	
Address:	2703 AMBROSSA CT.	
City-St-Zip:	APOPKA, FL 32703	
Title:	V	( ) Delete
Name:	MOORE, RICHARD	
Address:	PO BOX 1739	
City-St-Zip:	EUSTIS, FL 32727	
Title:	T	( ) Delete
Name:	RIGBY, CRYSTAL	
Address:	2703 AMBROSSA CT	
City-St-Zip:	APOPKA, FL 32703	
Title:	S	( ) Delete
Name:	GLENN, CARLENE	
Address:	1202 LAKE SHORE BOULEVARD	
City-St-Zip:	TAVARES, FL 32778	
Title:	D	( ) Delete
Name:	MANFREDI, LINDA	
Address:	35625 CYPRESS HAVEN WAY	
City-St-Zip:	LEESBURG, FL 34788	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	OBA, IRENE A	
Address:	608 PARK STREET	
City-St-Zip:	EUSTIS, FL 32726	
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: PAT MANFREDI D 04/30/2005

Electronic Signature of Signing Officer or Director — Date