

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003013

FILED
May 01, 2006
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MANFREDI, PATRICK A
35625 CYPRESS HAVEN WAY
LEESBURG, FL 34788 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: _____

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: OBA, IRENE A
Address: 608 PARK STREET
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: MANFREDI, LINDA
Address: 35625 CYPRESS HAVEN WAY
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MANFREDI, PATRICK A.
Address: 35625 CYPRESS HAVEN WAY
City-St-Zip: LEESBURG, FL 34788

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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 Chapter 119, 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: PATRICK A. MANFREDI

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date