

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 09, 2007  
Secretary of State

DOCUMENT# F03000003213

Entity Name: BEACON HOUSE ADOPTION SERVICES, INC.

**Current Principal Place of Business:**

376 WEST CHASE ST.  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

376 WEST CHASE ST.  
PENSACOLA, FL 32502

**New Mailing Address:**

FEI Number: 72-1159061      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

HUGHES, EILEEN M  
376 WEST CHASE ST.  
PENSACOLA, FL 32502      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: CP ( ) Delete  
Name: SONGY, EDWARD A JR  
Address: 58045 MERIAM STREET  
City-St-Zip: PLAQUEMINE, LA 70764

Title: VCVF ( ) Delete  
Name: HUGHES, ANNE R  
Address: 3855 DURANGO DRIVE  
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete  
Name: HUGHES, EILEEN  
Address: 380 GRASSY COVE  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: VCVF (X) Change ( ) Addition  
Name: MCCAIN, AUDREY A  
Address: 58045 MERIAM STREET  
City-St-Zip: PLAQUEMINE, LA 70764

Title: D (X) Change ( ) Addition  
Name: HUGHES, ANNE R  
Address: 3855 DURANGO DRIVE  
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Change (X) Addition  
Name: SHAMBURGER, MICHELE  
Address: 6817 RUE BOCAGE  
City-St-Zip: BATON ROUGE, LA 70808

I hereby certify that the information supplied with this filing does not qualify 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: ANNE R HUGHES

D

05/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date