# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 20, 2009**
**Secretary of State**

DOCUMENT# 757295

**Entity Name:** WILLIAMS GROUP HOME INC.

**Current Principal Place of Business:**

20921 NW 31ST AVENUE
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

20921 NW 31ST AVENUE
MIAMI GARDENS, FL 33056

**New Mailing Address:**

**FEI Number: 59-2252629** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

CARTER-EVANS, DEBORAH L MRS
20921 NW 31ST AVE
MIAMI GARDENS, FL 33056 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: | WILLIAMS, CLIDE MAE MRS | |
| Address: | 20921 NW 31ST AVE | |
| City-St-Zip: | MIAMI GARDENS, FL 33056 | |
| Title: | CEOP | ( ) Delete |
| Name: | CARTER-EVANS, DEBORAH MRS | |
| Address: | 20921 NW 31ST AVE | |
| City-St-Zip: | MIAMI GARDENS, FL 33056 | |
| Title: | S | ( ) Delete |
| Name: | JOHNSON, LOIS MRS | |
| Address: | 2600 NW | |
| City-St-Zip: | MIAMI GARDENS, FL | |
| Title: | D | ( ) Delete |
| Name: | WILLIAMS-SMITH, LARONDA MRS | |
| Address: | 1911 NW 154 STREET | |
| City-St-Zip: | MIAMI GARDENS, FL 33054 | |
| Title: | D | ( ) Delete |
| Name: | EVANS, CYNTHIA M MRS | |
| Address: | 9640 NW 7TH CIRCLE # 2032 | |
| City-St-Zip: | PLANTATION, FL 33324 | |
| Title: | D | ( ) Delete |
| Name: | EVANS, LENNON Y MR | |
| Address: | 17923 ROLLING CREEK DRIVE | |
| City-St-Zip: | HOUSTON, TX 77090 US | |

**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: | ( ) 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 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: DEBORAH CARTER-EVANS CEOP 03/20/2009

Electronic Signature of Signing Officer or Director — Date