

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N06000004244

Entity Name: FLORIDA HOME OWNERSHIP RESOURCE CENTER, INC.

Current Principal Place of Business:

14131 PORTRUSH DR.
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

14131 PORTRUSH DR.
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 20-4922907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARON, AIDA
14131 PORTRUSH DR.
ORLANDO, FL 32828 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: PD () Delete
Name: CARON, AIDA
Address: 14131 PORTRUSH DR.
City-St-Zip: ORLANDO, FL 32828

Title: TG () Delete
Name: CARON, DONALD
Address: 14131 PORTRUSH DR.
City-St-Zip: ORLANDO, FL 32828

Title: VD () Delete
Name: ALVARADO, MARIA
Address: 14131 PORTRUSH DR.
City-St-Zip: ORLANDO, FL 32828

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:

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: AIDA CARON

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date