

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 15, 2009
Secretary of State

DOCUMENT# N08000010460

Entity Name: HDS FOUNDATION, INC.

Current Principal Place of Business:2685 EXECUTIVE PARK DRIVE
SUITE 8
WESTON, FL 33331 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 51009
JACKSONVILLE, FL 32240**New Mailing Address:**2685 EXECUTIVE PARK DRIVE.
WESTON, FL 33331

FEI Number: 26-4487320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:HOUSING AND DEVELOPMENT SERVICES, INC.
2685 EXECUTIVE PARK DRIVE
SUITE 8
WESTON, FL 33331 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: P () Delete
Name: GILSON, CRISTINA M
Address: 2685 EXECUTIVE PARK DRIVE, SUITE 8
City-St-Zip: WESTON, FL 33331 USTitle: VP () Delete
Name: MIRANDA, MARY ANN
Address: 7817 SW 103 PLACE
City-St-Zip: MIAMI, FL 33173 USTitle: T () Delete
Name: GIUMA, LOURDES L
Address: 13648 QUEENS HARBOR BLVD
City-St-Zip: JACKSONVILLE, FL 32225 USTitle: SEC () Delete
Name: DIAZ-MIRANDA, MERCEDES
Address: 9800 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33173 USTitle: S () Delete
Name: BOUSCHER-MIRANDA, MEAGAN
Address: 328 LAKESIDE COURT
City-St-Zip: SUNRISE, FL 33326 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: T (X) Change () Addition
Name: GIUMA, LOURDES L
Address: PO BOX 51009
City-St-Zip: JACKSONVILLE, FL 32240 USTitle: () 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: CRISTINA M. GILSON

PRES

07/15/2009

Electronic Signature of Signing Officer or Director

Date