

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29765

FILED
Jan 08, 2009
Secretary of State

Entity Name: SOPHIA BUTLER'S GROUP HOME, INC.

Current Principal Place of Business:

C/O SOPHIA BUTLER
3951 NW 187 TERRACE
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

C/O SOPHIA BUTLER
PO BOX 55-2090
MIAMI, FL 33055

New Mailing Address:

FEI Number: 65-0088091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, SOPHIA
3951 NW 187 TERRACE
MIAMI, FL 33055 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: BUTLER, SOPHIA,
Address: 3951 NW 187TH TERRACE
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: POINTER, KELVIN
Address: 3402 NW 182 ST
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: MARK, TORRENCE
Address: 870 NW 168 TERRACE
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: HARRIS, CARRIE,
Address: 2445 NW 167TH STREET
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: DICKSON, ANNI
Address: 3951 NW 187 TERRACE
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: MACK, TORRENCE
Address: 9820 NW 7 AVENUE
City-St-Zip: MIAMI, FL 33150

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: SOPHIA BUTLER

PD

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date