

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 15, 2009  
Secretary of State**

DOCUMENT# N96000005845

Entity Name: THE HOMETOWN NEIGHBORHOODS INSTITUTE, INC.

**Current Principal Place of Business:**

150 SE 2ND AVENUE  
STE 709  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

150 SE 2ND AVENUE  
STE 709  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 65-0871064      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:**

PETREY, RODERICK N  
150 SE 2ND AVENUE  
STE 709  
MIAMI, FL 33131 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: DP ( ) Delete  
Name: EMBRY, JOEL  
Address: FIVE SOUTH 3RD STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VPD ( ) Delete  
Name: PETREY, RODERICK  
Address: 150 SE 2ND AVENUE, STE 709  
City-St-Zip: MIAMI, FL 33131

Title: SD ( ) Delete  
Name: GLASS, REEDER  
Address: 1201 W. PEACHTREE STREET, N.W.  
City-St-Zip: ATLANTA, GA 30309

**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: RODERICK N. PETREY

VPD

06/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date