## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701306** 

FILED Jan 16, 2008 Secretary of State

**New Principal Place of Business:** 

Entity Name: HOUSE OF HUSTON FOUNDATION, INC.

Current Principal Place of Business:

4251 SALZEDO ST. 1121 MADRUGA AVE.

P.H. 1 APT. #401

CORAL GABLES, FL 33146 CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

4251 SALZEDO ST. 1121 MADRUGA AVE.

P.H. 1 APT. #401

CORAL GABLES, FL 33146 CORAL GABLES, FL 33146

FEI Number: 59-6152540 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HUSTON JR, TOM HUSTON JR, TOM 4251 SALZEDO ST. 1121 MADRUGA AVE.

P.H. 1 APT. #401

CORAL GABLES, FL 33146 US CORAL GABLES, FL 33146 US

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: 01/16/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 HUSTON, TOM JR,
 Name:
 HUSTON, TOM JR,

 Address:
 4251 SALZEDO ST. P.H. 1
 Address:
 1121 MADRUGA AVE. APT, 401

 City-St-Zip:
 CORAL GABLES,, FL 33146
 City-St-Zip:
 CORAL GABLES,, FL 33146 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: HUSTON, MARY S., Name: HUSTON, MARY S.,

Address: 4251 SALZEDO ST. P.H. 1 Address: 1121 MADRUGA AVE. APT. #401
City-St-Zip: CORAL GABLES, FL 33146
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: LORIE, CATHERINE H

Address: 8522 SW 102ND ST Address: 1001 MANATI AVE.

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:
 CORAL GABLES, FL 33146 US

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: TOM HUSTON, JR. PRES 01/16/2008