

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701306

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** HOUSE OF HUSTON FOUNDATION, INC.

**Current Principal Place of Business:**

1121 MADRUGA AVE.  
APT. #401  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1121 MADRUGA AVE.  
APT. #401  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 59-6152540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUSTON JR, TOM  
1121 MADRUGA AVE.  
APT. #401  
CORAL GABLES, FL 33146 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:** STD  
**Name:** HUSTON, TOM JR  
**Address:** 1121 MADRUGA AVE. APT, 401  
**City-St-Zip:** CORAL GABLES,, FL 33146 US

**Title:** D  
**Name:** HUSTON, MARY S.  
**Address:** 1121 MADRUGA AVE. APT. #401  
**City-St-Zip:** CORAL GABLES, FL 33146 US

**Title:** D  
**Name:** LORIE, CATHERINE H  
**Address:** 1001 MANATI AVE.  
**City-St-Zip:** CORAL GABLES, FL 33146 US

I hereby 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 all other like empowered.

**SIGNATURE:** TOM HUSTON, JR.

**PRES**

**01/04/2010**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date