

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# 717961

Entity Name: HARLEM TENANTS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. DRAWER 6097
FT. MYERS, FL 33911

New Principal Place of Business:

Current Mailing Address:

P. O. DRAWER 6097
FT. MYERS, FL 33911

New Mailing Address:

FEI Number: 59-1291983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKIRE, HOWARD
1116 CAROLINA AVENUE
CLEWISTON, FL 33340 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: MCKIRE, HOWARD
Address: 1116 CAROLINA AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: ST () Delete
Name: TAYLOR, JANET B
Address: 1018 LOUISIANA AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: MITCHELL, JOSEPH
Address: 1000 MISSISSIPPI AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: WATSON, IVY
Address: 1132 MISSISSIPPI AVE
City-St-Zip: CLEWISTON, FL 33440

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:

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: KIM MOSLEY

AGEN

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date