

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733833

FILED
Apr 24, 2009
Secretary of State

Entity Name: NATIVITY HOME AND SCHOOL ASSOCIATION, INC.

Current Principal Place of Business:

NATIVITY, INC.
5220 JOHNSON STREET
HOLLYWOOD, FL 330215720

New Principal Place of Business:

Current Mailing Address:

NATIVITY, INC.
5220 JOHNSON STREET
HOLLYWOOD, FL 330215720

New Mailing Address:

FEI Number: 59-0865839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLICHTE, PAUL G.
2134 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020 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: LACEY, ROBERT
Address: 9520 SW 6TH ST.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VPD () Delete
Name: CONNOLLY, SONIA
Address: 5209 MC KINLEY ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD () Delete
Name: VOGELSAANG, MADELINE
Address: 4008 MADISON ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD () Delete
Name: NICOLETTI, MARIE
Address: 3817 ADAMS ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: T () Delete
Name: WILKINS, DEE
Address: 3721 ARTHUR ST.
City-St-Zip: HOLLYWOOD, FL 33021

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:

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: ROBERT LACEY

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date