## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 734258** 

FILED Apr 29, 2009 Secretary of State

Entity Name: HARMON'S "HALF-WAY" HOME, INC.

Current Principal Place of Business: New Principal Place of Business:

906 E. FLORA STREET TAMPA, FL 336045050

Current Mailing Address: New Mailing Address:

PO BOX 3184 TAMPA, FL 336013184

FEI Number: 59-1621853 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

 HARMON, JAMES A.
 HARMON, JAMES A.

 906 E. FLORA STREET
 3930 CHERRY ST.

 TAMPA, FL 336045050 US
 TAMPA, FL 33607 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: JAMES A. HARMON 04/29/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:HARMON, DOROTHY E.Name:HARMON, DOROTHY E.Address:3930 CHERRY STREETAddress:3930 CHERRY STREETCity-St-Zip:TAMPA, FLCity-St-Zip:TAMPA, FL33607

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

 Name:
 HARMON, JAMES A.
 Name:
 HARMON, JAMES A.

 Address:
 3930 CHERRY STREET
 Address:
 3930 CHERRY STREET

 City-St-Zip:
 TAMPA, FL
 33607

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

 Name:
 FLOWERS, CYNTHIA J
 Name:
 FLOWERS, CYNTHIA J

 Address:
 2527 CHERRY ST
 Address:
 2527 CHERRY ST

 City-St-Zip:
 TAMPA, FL
 City-St-Zip:
 TAMPA, FL
 33607

 $\label{eq:title:title:DVPT} \mbox{T ( ) Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{T ( X) Change ( ) Addition}$ 

 Name:
 HARMON, JOHN W., JR.
 Name:
 HARMON, JR., JOHN W

 Address:
 3930 CHERRY STREET
 Address:
 3930 CHERRY STREET

 City-St-Zip:
 TAMPA, FL
 City-St-Zip:
 TAMPA, FL
 33607

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: JAMES A. HARMON DVPS 04/29/2009