2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 742389

Entity Name: NEIGHBORHOOD HOUSING SERVICES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

181 NE 82ND ST
MIAMI, FL 33138

New Principal Place of Business:

300 NW 12 AVE
MIAMI, FL 33128

Current Mailing Address:

181 NE 82ND ST
MIAMI, FL 33138

New Mailing Address:

300 NW 12 AVE
MIAMI, FL 33128

FEI Number: 59-1845761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LITTLE, JOHN M
LEGAL SERVICES OF GREATER MIAMI
3000 BISCAYNE BLVD, STE 500
MIAMI, FL 33137 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: SHANK, ARDEN
Address: 10200 NORTH MIAMI AV
City-St-Zip: MIAMI SHORES, FL 33150

Title: DC ( ) Delete
Name: BLANDFORD, OWEN
Address: 200 S. DIXIE HWY, #100N
City-St-Zip: MIAMI, FL 33133 24

Title: DS ( ) Delete
Name: KOVACH, BEVERLY
Address: 220 ALHAMBRA CIR.
City-St-Zip: CORAL GABLES, FL 33134

Title: DVC ( ) Delete
Name: PATRICIA ALGAZE,, PATRICIA ALGAZ
Address: 8100 OAK LANE STE. 101
City-St-Zip: MIAMI LAKES, FL 33016

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: DT ( ) Change (X) Addition
Name: CORYELL, MARIO
Address: 1255 MARSEILLE DRIVE #124
City-St-Zip: MIAMI BEACH, FL 33141

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: OWEN BLANDFORD DC 04/22/2009

Electronic Signature of Signing Officer or Director — Date