

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 29, 2009**  
**Secretary of State**

DOCUMENT# 742389

**Entity Name:** NEIGHBORHOOD HOUSING SERVICES OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**300 NW 12 AVE  
MIAMI, FL 33128**New Principal Place of Business:****Current Mailing Address:**300 NW 12 AVE  
MIAMI, FL 33128**New Mailing Address:****FEI Number:** 59-1845761**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****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:** DT ( ) Delete  
**Name:** CORYELL, MARIO  
**Address:** 1255 MARSEILLE DRIVE #124  
**City-St-Zip:** MIAMI BEACH, FL 33141**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: ARDEN SHANK

P

07/29/2009

Electronic Signature of Signing Officer or Director

Date