2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# 746243

Entity Name: WELCOME HOME OF FT. PIERCE, INC.

Current Principal Place of Business:

4600 OLEANDER AVE
FORT PIERCE, FL 34982

New Principal Place of Business:

1806 S. 33RD STREET
FORT PIERCE, FL 34947

Current Mailing Address:

C/O PATT MCPHERSON
2050 OLEANDER BLVD., #8-207
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 59-2002450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUINA, TOM
1009 HISPANA AVENUE
FT. PIERCE, FL 34982 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: TT ( ) Delete
Name: MCPHERSON, PATT
Address: 2050 OLEANDER BLVD. #8-207
City-St-Zip: FORT PIERCE, FL 34950

Title: RT ( ) Delete
Name: QUINA, TOM
Address: 1009 HISPANA AVE
City-St-Zip: FT. PIERCE, FL

Title: PT ( ) Delete
Name: BOWERS, HERMAN
Address: 5900 DELEON AVE
City-St-Zip: FORT PIERCE, FL 34951

Title: VP ( ) Delete
Name: HUGHART, RON
Address: 1403 VALENCIA AVE
City-St-Zip: FORT PIERCE, FL 34946

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: PATT MCPHERSON TT 04/03/2009

Electronic Signature of Signing Officer or Director — Date