

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757167

FILED
Feb 26, 2009
Secretary of State

Entity Name: WORRELL/MITCHELL GROUP HOME INC.

Current Principal Place of Business:

18910 NW 11TH AVE
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

18910 NW 11TH AVE
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 59-2076331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, SADIE
18910 NW 11TH AVE
MIAMI, FL 33169 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: MITCHELL, SADIE
Address: 18910 NW 11TH AVE
City-St-Zip: MIAMI, FL 33169 US

Title: VD () Delete
Name: MITCHELL, DANIEL
Address: 3071 NW 186 TERR
City-St-Zip: CAROL CITY, FL 33056 US

Title: STD () Delete
Name: MARVA, LEE D
Address: 9020 NW 12 CT
City-St-Zip: MIAMI, FL 33147

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:

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: SADIE MITCHELL

PD

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date