2001 UNIFORM BUSINESS REPORT (UBR)

Jul 27, 2001 8:00 am Secretary of State DOCUMENT # N0000006690 07-27-2001 90001 037 ****61.25 FROM OUR HOME TO YOUR HOME, INC. Principal Place of Business Mailing Address 1400 TALLWOOD AVENUE 1400 TALLWOOD AVENUE SUITE 304 SUITE 304 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Numbe Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REV. FR. KENNETH HASSELBACH 1400 TALLWOOD AVENUE **SUITE 304** Zip Code HOLLYWOOD FL 33021 FL 8. 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. 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (2/01) TITLE Change Addition TITLE ☐ Delete REV. FR. KENNETH HASSELBACH NAME NAME STREET ADDRESS 1400 TALLWOOD AVENUE #304 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP W ☐ Delete ☐ Change Addition ARCHBOLD, BARBARA NAME NAME 1400 TALLWOOD AVENUE #205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change Addition ☐ Delete TITLE TITLE RONNAN, ELIZABETH NAME NAME 2529 HAYES STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attagramment with an address, with all other like empowered.

SIGNATURE

FILED