2003 NOT-FOR-PROFIT CORPORATION

Feb 04, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR Secretary of State** DOCUMENT # N0000006690 1. Entity Name 02-04-2003 90104 025 ****61.25 FROM OUR HOME TO YOUR HOME, INC. Principal Place of Business Mailing Address 1400 TALLWOOD AVENUE 1400 TALLWOOD AVENUE SHITE 304 SUITE 304 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-1040653 Applied For Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent REV. FR. KENNETH HASSELBACH Street Address (P.O. Box Number is Not Acceptable) 1400 TALLWOOD AVENUE SUITE 304 HOLLYWOOD FL 33021 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. I am familiar with, and accept the obliga ons of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to \Box Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ■ Addition Change REV. FR. KENNETH HASSELBACH NAME NAME 1400 TALLWOOD AVENUE #304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP VD TITLE ☐ Delete ☐ Change Addition ARCHBOLD, BARBARA NAME 1400 TALLWOOD AVENUE #205 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021_ CITY - ST - ZIP_ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RONNAN, ELIZABETH NAME NAME 2529 HAYES STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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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 of 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 attachment with a

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

ssellach 30/on03 954-989-8490