


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90019 044 ****61.25

DOCUMENT # N01070 1. Entity Name HOMESTEAD SOUP KITCHEN, INC.					
Principal Place of Business 105 SW 3RD AVE HOMESTEAD, FL 33030 US				Mailing Address P00 BOX 901180 HOMESTEAD, FL 33090-1180 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01282008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2381939				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JUANITA S 706- N.W. 3 STREET FLORIDA CITY, FL 33034			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITCHELL, JEAN 190 N.W. 21ST AVE. HOMESTEAD, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARTER, DANIEL 1702 N.W. 5TH AVE. HOMESTEAD, FL 33030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERRY, RUTH 28201 S.W. 195TH AVE. HOMESTEAD, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENSON, ROBERT 28100 S.W. 295TH TERR. HOMESTEAD, FL 33030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, JUANITA S. 706 NW 3RD STREET FLORIDA CITY, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DENISE HELD 28801 S.W. 157TH AVE. HOMESTEAD, FL 33030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SEYMORE, ERNESTINE J. 241 SW 4TH AVENUE HOMESTEAD, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT LEON, FRANCIS B. 224 WASHINGTON AVE. SUITE #5 HOMESTEAD, FL 33030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KING, DIANA 8401 S. 143RD ST. MIAMI, FL 33158 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEYMORE, ERNESTINE J. 241 S.W. 4TH AVE. HOMESTEAD, FL 33030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MELLERSON, PATRICIA 224 WASHINGTON AVE. HOMESTEAD, FL 33030 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S YVETTE DOHERTY 16941 S.W. 278th ST. HOMESTEAD, FL 33031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered.					
SIGNATURE: <u>Juanita S. Smith</u> / JUANITA S. SMITH FEB. 15, 2008 305)245-7448 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					