

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01070

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** HOMESTEAD SOUP KITCHEN, INC.

**Current Principal Place of Business:**

105 SW 3RD AVE  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

POO BOX 901180  
HOMESTEAD, FL 330901180 US

**New Mailing Address:**

PO BOX 901180  
HOMESTEAD, FL 330901180 US

**FEI Number:** 59-2381939

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, JUANITA S  
706- N.W. 3 STREET  
FLORIDA CITY, FL 33034 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: D ( ) Delete  
Name: CARTER, DANIEL  
Address: 1702 NW 5TH AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: PERRY, RUTH,  
Address: 28201 S.W. 195TH AVE.  
City-St-Zip: HOMESTEAD, FL

Title: P ( ) Delete  
Name: SMITH, JUANITA S.  
Address: 706 NW 3RD STREET  
City-St-Zip: FLORIDA CITY, FL

Title: D ( ) Delete  
Name: JENSON, ROBERT  
Address: 28100 SW 295TH TERR  
City-St-Zip: HOMESTEAD, FL 33030

Title: T ( ) Delete  
Name: HELD, DENISE  
Address: 28801 SW 157TH AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: MELLERSON, PATRICIA  
Address: 224 WASHINGTON AVE.  
City-St-Zip: HOMESTEAD, FL 33030

**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:

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: JUANITA SMITH

P

02/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date