2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N03000003298

Entity Name: MOUNT HERMON DEVELOPMENT CORPORATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

711 N.W. 4TH STREET
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

404 N.W. 7TH TERRACE
FORT LAUDERDALE, FL 33311

Current Mailing Address:

P.O. BOX 14093
FORT LAUDERDALE, FL 33302 40

New Mailing Address:

FEI Number: 20-0098654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOUIE, MICHAEL K
401 N W 7TH TERRACE
FORT LAUDERDALE, FL 33311 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: P ( ) Delete
Name: WHITE, JOHN F REV.
Address: 3065 S.W. 189TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: D ( ) Delete
Name: BREWTON, GREG
Address: 14021 SUMMERVILLE PLACE
City-St-Zip: DAVIE, FL 33325

Title: D ( ) Delete
Name: ANDERSON, LACARENTHIA
Address: 1705 N.W. 8TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: LEWIS, OZELL
Address: 3731 N.W. 8TH PLACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP ( ) Delete
Name: DAVIS, PAMELA
Address: 8433 N. W. 34TH MANOR
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BOUIE, MICHAEL K REV.
Address: P.O. BOX 824842
City-St-Zip: PEMBROKE PINES, FL 33082

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: MICHAEL K. BOUIE P 04/16/2009
Electronic Signature of Signing Officer or Director — Date