2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N04000001946

Entity Name: DREXEL HOUSE RESIDENT COUNCIL, INC.

Current Principal Place of Business:

1745 DREXEL ROAD
222
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

1745 DREXEL ROAD
222
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 42-1619864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WINSETT, JOANNE
1745 DREXEL ROAD
222
WEST PALM BEACH, FL 33417 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: PRES ( ) Delete
Name: WINSETT, JOANNE
Address: 1745 DREXEL ROAD, APT. #222
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP ( ) Delete
Name: PAPA, AURELIO
Address: 1745 DREXEL ROAD, APT. #409
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SEC ( ) Delete
Name: MARSHALL, BARBARA
Address: 1745 DREXEL ROAD, APT. #212
City-St-Zip: WEST PALM BEACH, FL 33417

Title: TREA ( ) Delete
Name: DRYE, RENA
Address: 1745 DREXEL ROAD, APT. #425
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SAA ( ) Delete
Name: MEDINA, EDWIN
Address: 1745 DREXEL ROAD, APT. #408
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: BROOKS, MILDRED R
Address: 1745 DREXEL ROAD, APT. #227
City-St-Zip: WEST PALM BEACH, FL 33417

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SAA (X) Change ( ) Addition
Name: BROWN, MILDRED L
Address: 1745 DREXEL ROAD, APT. #209
City-St-Zip: WEST PALM BEACH, FL 33417

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: JOANNE WINSETT PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date