2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N04000009778

Entity Name: GRAHAM FOR THE HOMELESS, INC.

Current Principal Place of Business:

1048 N.W. 13TH STREET
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1048 N.W. 13TH STREET
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 02-0730727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, ANGELA
1048 N.W. 13TH STREET
FT. 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: PSTD ( ) Delete
Name: GRAHAM, ANGELA
Address: 1048 N.W. 13TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: VD ( ) Delete
Name: GRAHAM, FOANZO
Address: 1048 N.W. 13TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: VD ( ) Delete
Name: ROSS, REGINA
Address: 3391 N.W. 7TH COURT
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: VD ( ) Delete
Name: WESNER, PAUL
Address: 205 N.W. 8TH AVENUE
City-St-Zip: HALLANDALE, FL 30039

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:

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: ANGELA GRAHAM PSTD 02/05/2009

Electronic Signature of Signing Officer or Director — Date