

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012932

FILED
Apr 28, 2006
Secretary of State

Entity Name: A PLACE CALLED HOME, INC.

Current Principal Place of Business:

9801A NW 7 AVENUE
MIAMI, FL 33150 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 370306
MIAMI, FL 33137 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE MAY FOUNDATION, INC.
633 NE 167 STREET
SUITE 607
NORTH MIAMI BEACH, FL 33162 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: MAYS, LINDA J
Address: PO BOX 370306
City-St-Zip: MIAMI, FL 33137 US

Title: VP () Delete
Name: MAYS, TORY B
Address: 1016 NW 42 STREET
City-St-Zip: MIAMI, FL 33127 US

Title: S () Delete
Name: MCNAIR, KRISTEN D
Address: 1016 NW 42 STREET
City-St-Zip: MIAMI, FL 33127 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: L. MAYS

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date