2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N06000000950

Entity Name: DR. BARBARA SENIORS HARKINS FOUNDATION, INC.

Current Principal Place of Business:

9900 SW 168TH STREET SUITE 9
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

9900 SW 168TH STREET SUITE 9
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-4289827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARKINS, ELISIA
9900 SW 168TH STREET SUITE 9
MIAMI, FL 33157 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: HARKINS, ELISIA
Address: 13360 SW 266 STREETT SUITE 9
City-St-Zip: NARANJA, FL 33032

Title: V ( ) Delete
Name: JONES, CHARLES L
Address: 16911 SW 108 AVE
City-St-Zip: MIAMI, FL 33157

Title: S ( ) Delete
Name: JONES, ORA B
Address: 16911 SW 108 AVE
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete
Name: HARKINS, ELISIA
Address: 13360 SW 266 STREET
City-St-Zip: NARANJA, FL 33032

Title: T ( ) Delete
Name: BRANDON, RODESTER
Address: 2118 NE 40 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: T ( ) Delete
Name: BRANDON, CHARLENE
Address: 2118 NE 40 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: ELISIA HARKINS P 04/30/2009

Electronic Signature of Signing Officer or Director — Date