2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2009
Secretary of State

DOCUMENT# N06000004070

Entity Name: ANOTHER PLACE CALL "HOME", INC.

Current Principal Place of Business:

4385 SW 57 TERRACE
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4385 SW 57 TERRACE
DAVIE, FL 33314

New Mailing Address:

FEI Number: 30-0425598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARDOUILLE, JUDITH
4385 SW 57 TERRACE
DAVIE, FL 33314 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: PD ( ) Delete
Name: BARDOUILLE, ALLAN
Address: 4385 SW 57 TERRACE
City-St-Zip: DAVIE, FL 33314

Title: PD ( ) Delete
Name: BARDOUILLE, JUDITH
Address: 4385 SW 57 TERRACE
City-St-Zip: DAVIE, FL 33314

Title: VD ( ) Delete
Name: HENRY, SYLVESTER
Address: 5755 SW 44TH ST
City-St-Zip: DAVIE, FL 33314

Title: SDT ( ) Delete
Name: SPEICHTS, ALIX C
Address: 1535 SW 12TH AVE.
City-St-Zip: DANIA, FL 33004

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: JUDITH BARDOUILLE PD 09/24/2009
Electronic Signature of Signing Officer or Director — Date