

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008167

FILED
May 22, 2009
Secretary of State

Entity Name: NELLIE'S RETREAT TRANSITION HOME FOR GIRLS TO WOMEN INC.

Current Principal Place of Business:

2405 ALMEDA STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2083
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 11-3792237 **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:

Name and Address of New Registered Agent:

GRANT SR., DANIEL P
2405 ALMEDA STREET
JACKSONVILLE, FL 32209 US

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: GRANT, BENITA
Address: 2405 ALMEDA STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: REED, MONICA
Address: 2405 ALMEDA STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: ADAMS, MARVETTE
Address: 2565 RICKENBACKER STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: ANDREA, ADAMS
Address: 2565 RICKENBACKER STREET
City-St-Zip: JACKSONVILLE, FL 32209

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: BENITA GRANT

P

05/22/2009

Electronic Signature of Signing Officer or Director

Date