

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011636

FILED  
Jul 14, 2008  
Secretary of State

**Entity Name:** BETTER THAN IT HAS TO BE, INC.

**Current Principal Place of Business:**

4240 NW 178 TERRACE  
MIAMI GARDENS, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

4240 NW 178 TERRACE  
MIAMI GARDENS, FL 33055

**New Mailing Address:**

**FEI Number:** 22-3946039      **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:**

DAVIS, ELVIRA B.  
4240 NW 178 TERRACE  
MIAMI GARDENS, FL 33055      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: DP      ( ) Delete  
Name: DAVIS, ELVIRA B.  
Address: 4240 NW 178 TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: DV      ( ) Delete  
Name: KING, PATRICIA  
Address: 222 NW 86 ST.  
City-St-Zip: MIAMI, FL 33150

Title: D      ( ) Delete  
Name: ANGLIN, BETTY  
Address: 4250 NW 178 TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D      ( ) Delete  
Name: BROUSSARD, MONICA  
Address: 4647 SW 129 AVE.  
City-St-Zip: MIRAMAR, FL 33027

Title: D      ( ) Delete  
Name: COLEBROOK, DYATHA  
Address: 4220 NW 173 DR.  
City-St-Zip: MIAMI, FL 33055

Title: D      ( ) Delete  
Name: JOHNSON, JOANN  
Address: 14581 SW 37 ST.  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      (X) Change ( ) Addition  
Name: DAVIS, ELVIRA B.  
Address: 4240 NW 178 TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33055

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: ELVIRA B. DAVIS

EBD

07/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date