

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011636

FILED
May 28, 2009
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: D (X) Change () Addition
Name: ANGLIN, BETTY
Address: 3436 FOXCROFT ROAD, BLDG 9, APT 102
City-St-Zip: MIRAMAR, FL 33025

Title: D (X) Change () Addition
Name: BROUSSARD, MONICA
Address: 1357 JERCENIA BLOSSOM DRIVE
City-St-Zip: APOPKA, FL 32712

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

PRES

05/28/2009

Electronic Signature of Signing Officer or Director

Date