2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2009
Secretary of State

DOCUMENT# N07000000836

Entity Name: H.O.M.E. ORGANIZATION, INC.

Current Principal Place of Business:

13300 ATLANTIC BLVD. #1414
JACKSONVILLE, FL 32225

New Principal Place of Business:

1251 BEACON POINT DR.
STE# 320
JACKSONVILLE, FL 32246

Current Mailing Address:

13300 ATLANTIC BLVD. #1414
JACKSONVILLE, FL 32225

New Mailing Address:

1251 BEACON POINT DR.
STE# 320
JACKSONVILLE, FL 32246

FEI Number: 20-8319081 **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:

ALLEN, MAKEESHA
13300 ATLANTIC BLVD. #1414
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

ALLEN, MAKEESHA L
1251 BEACON POINT DR.
STE# 320
JACKSONVILLE, FL 32225 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: MAKEESHA L. ALLEN 07/28/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MS. ( ) Delete
Name: ALLEN, MAKEESHA L
Address: 13300 ATLANTIC BLVD. #1414
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change ( ) Addition
Name: ALLEN, MAKEESHA L
Address: 1251 BEACON POINT DR. STE# 320
City-St-Zip: JACKSONVILLE, FL 32246

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: MAKEESHA L. ALLEN MS. 07/28/2009
Electronic Signature of Signing Officer or Director Date