## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # N07000005234 08 AUG 26 PM 4: 49 FAMILIES RESTORING THE HOMEFRONT INC. SECRETARY OF STATE Principal Place of Business Mailing Address 1012 SILVER RIDGE DR. 1012 SILVER RIDGE DR JALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310 2. Principal Place of Business - No P.O. Box # Mailing Address 9/2 M/les St. Suite, Apt. #, etc. Suite, Apt. #, etc. 05072008 CR2E037 (12/06) City & State Applied For TALLA hASSU Not Applicable lahasse Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32304 Leon 32305 Leon 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, SHELIA P Street Address (P.O. Box Number is Not Acceptable) 1012 SILVER RIDGE DR TALLAHASSEE, FL 32310 Zip Code 32-30 8. 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. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. n Defete TITLE ☐ Change Addition TITLE CLARK, SHELIA P NAME NAME QQQ135370630 1012 SILVER RIDGE DR STREET ADDRESS STREET ADDRESS 09/04/08--01034--002 \*\*87.50 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32310 TITLE ☐ Change ☐ Addition Delete TITLE CLARK, MONISHA NAME NAME 2677 OLD BAINBRIDGE RD, APT 1034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL CITY-ST-ZIP □ enange TITLE Defete TITLE ☐ Addition LEE. SUEANN NAME NAME STREET ADDRESS 221 D BERMUDA RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NIXON-HILLS, JACKIE NAME NAME STREET ADORESS 2502 B HOLTON ST APT E 227 STREET ADORESS CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.