

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005234

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** FAMILIES RESTORING THE HOMEFRONT INC.

**Current Principal Place of Business:**

912 MILES ST.  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

1012 SILVER RIDGE DR.  
TALLAHASSEE, FL 32310

**New Mailing Address:**

**FEI Number:** 41-2037767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, SHELIA P  
912 MILES ST.  
TALLAHASSEE, FL 32304 US

**Name and Address of New Registered Agent:**

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: D ( ) Delete  
Name: CLARK, SHELIA P  
Address: 1012 SILVER RIDGE DR  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete  
Name: CLARK, MONISHA  
Address: 2677 OLD BAINBRIDGE RD, APT 1034  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: LEE, SUEANN  
Address: 130 SLASH LANE  
City-St-Zip: MIDWAY, FL 32343

Title: D ( ) Delete  
Name: NIXON-HILLS, JACKIE  
Address: 2502 B HOLTON ST APT E 227  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete  
Name: SMITH, GLORIA  
Address: 1000 RUSTING PINES  
City-St-Zip: MIDWAY, FL 32343

Title: D ( ) Delete  
Name: CURRY, DENISE  
Address: 1810 PASCO ST., APT. 4  
City-St-Zip: TALLAHASSEE, FL 32310

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

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:

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: SHEILA D. CLARK

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date