

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005234

FILED
Jul 22, 2010
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
Name: CLARK, SHELIA P
Address: 1012 SILVER RIDGE DR
City-St-Zip: TALLAHASSEE, FL 32310

Title: O
Name: CLARK, MONISHA
Address: 2677 OLD BAINBRIDGE RD, APT 1034
City-St-Zip: TALLAHASSEE, FL

Title: O
Name: LEE, SUSAN
Address: 130 SLASH LANE
City-St-Zip: MIDWAY, FL 32343

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

Title: O
Name: SMITH, GLORIA
Address: 1000 RUSTING PINES
City-St-Zip: MIDWAY, FL 32343

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

I hereby 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 all other like empowered.

SIGNATURE: SHELIA P CLARK

D

07/22/2010

Electronic Signature of Signing Officer or Director

Date