2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002446

Entity Name: ADULT HOUSING ASISTANCE PROGRAM, INC

FILED Jul 13, 2009 Secretary of State

| Current Principa | al Place of Business: | New Principal Place of Business: |
|------------------|-----------------------|----------------------------------|
| | | |

3209 23RD AVENUE WEST 101 ORANGE ST. N.E.

BRADENTON, FL 34205 PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

3209 23RD AVENUE WEST 101 ORANGE ST. N.E.

BRADENTON, FL 34205 PORT CHARLOTTE, FL 33952

FEI Number: 26-2145822 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:

BYRON, JOSEPH
3209 23RD AVENUE WEST
BYRON, JOSEPH
101 ORANGE ST. N.E.

BRADENTON, FL 34207 US PORT CHARLOTTE, FL 33952 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: JOSEPH BYRON 07/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 BYRON, JOSEPH
 Name:
 BYRON, JOSEPH

 Address:
 3209 23RD AVENUE WEST
 Address:
 101 ORANGE ST. N.E.

 City-St-Zip:
 BRADENTON, FL 34207
 City-St-Zip:
 BRADENTON, FL 34207

Title: D () Delete Title: VP (X) Change () Addition

Name: SMITH, LORÀ Name: ROWLANDS, CHRISTÏE S Address: 3209 23RD AVENUE WEST Address: 1636 VERONA DR.

 City-St-Zip:
 BRADENTON, FL 34207
 City-St-Zip:
 NORTH MYERS, FL 33903

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Ad

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 BENNETT, ELLEN
 Name:
 DAISY, FUENTES

 Address:
 830 BLOXHAM
 Address:
 1904 MARCIA ST

 City-St-Zip:
 PUNTA GORDA, FL 33950
 City-St-Zip:
 SARASOTA, FL 34231

 $\label{eq:title:solution} \mbox{Title:} \qquad \mbox{S} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Change () Addition}$

 Name:
 HAMPTON, JESSICA
 Name:
 HAMPTON, JESSICA

 Address:
 20223 MACON LN
 Address:
 20223 MACON LN

 City-St-Zip:
 PORT CHARLOTTE, FL 33952
 City-St-Zip:
 PORT CHARLOTTE, FL 33952

Gty-5t-Zip. PORT GTARLOTTE, TE 33932

Title: D () Delete Title: D (X) Change () Addition Name: BYRON, ANGELA Name: CODY, BYRON J

Address: 3502 3RD AVE APT #3A Address: 2212 BRADFORD

City-St-Zip: BRONX, NY 10045 City-St-Zip: ST. PETERSBURG, FL 33760

Title: D () Delete Title: T (X) Change () Addition

 Name:
 MILLER, BRENDA
 Name:
 MONICA, GONZALEZ

 Address:
 2122 BRADFORD ST
 Address:
 5638 TUCKER ST

 City-St-Zip:
 CLEARWATER, FL 33760
 City-St-Zip:
 HOUSTON, TX 77087

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: JOSEPH BYRON P 07/13/2009