2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N08000003655

Entity Name: HOME AWAY FROM HOME FOUNDATION, INC.

Current Principal Place of Business:

559 OAKMONT DR
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

559 OAKMONT DR
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, KENICIA
559 OAKMONT DR
ORANGE PARK, FL 32073 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: P ( ) Delete
Name: THOMAS, KENICIA
Address: 559 OAKMONT DR
City-St-Zip: ORANGE PARK, FL 32073

Title: S ( ) Delete
Name: THOMAS, FELICIA
Address: 23 EAST 4TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: T ( ) Delete
Name: THOMAS, KENNETH
Address: 23 EAST 4TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

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:

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: KENICIA THOMAS P 04/23/2009
Electronic Signature of Signing Officer or Director — Date