## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000008918

FILED Feb 13, 2009 Secretary of State

Entity Name: REDLAND EVENING HERB SOCIETY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 7460 S.W. 130TH STREET MIAMI, FL 33156 US **Current Mailing Address: New Mailing Address:** 7460 S.W. 130TH STREET MIAMI, FL 33156 FEI Number: 80-0270066 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARKS, SHERRY L 7460 S.W. 130TH STREET MIAMI, FL 33156 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete THORP, JOHN CISNEROS, MIGUEL Name: Name: 12370 SW 225 STREET Address: 12325 SW 115 TERR Address: City-St-Zip: HOMESTEAD, FL 33170 44 City-St-Zip: MIAMI, FL 33186 Title: ( ) Delete Title: (X) Change ( ) Addition KHOURI, MARY LEE Name: RODRIGUEZ, EUNICE Name: Address: 21725 SW 187 AVENUE Address: 14574 SW 142 CT CIR SOUTH City-St-Zip: MIAMI, FL 33170 City-St-Zip: MIAMI, FL 33186 Title: (X) Delete Title: () Change () Addition KHOURI, HANI Name: Name: 21725 SW 187 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33170 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: CUSHMAN, SUZY Name: 15457 SW 208 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33187 City-St-Zip: Title: () Delete Title: () Change () Addition CORDELL, GERI Name: Name: 19200 SW 188 STREET Address: Address: City-St-Zip: MIAMI, FL 33187 City-St-Zip: Title: (X) Delete Title: () Change () Addition GONZALEZ, ARTURO Name: Name: Address: 23040 SW 187 AVENUE Address: MIAMI, FL 33170 City-St-Zip: 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: MIGUEL CISNEROS P 02/13/2009