2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N08000009381

Entity Name: OPERATION HOMEFRONT - FLORIDA, INC.

Current Principal Place of Business:

8537 ESTATE DRIVE
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

8537 ESTATE DRIVE
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 26-2289875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOOVER, SIMONE V
8537 ESTATE DRIVE
WEST PALM BEACH, FL 33411 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:	DP	( ) Delete
Name:	HOOVER, SIMONE V	
Address:	8537 ESTATE DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	D	( ) Delete
Name:	RAGLAND, CHARLES	
Address:	10355 PRESTWICK ROAD	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	D	( ) Delete
Name:	GARDNER, CLAUDE	
Address:	120 S PALMETTO AVE	
City-St-Zip:	DAYTONA BEACH, FL 33436	
Title:	D	( ) Delete
Name:	DRAGONE, DEBBIE	
Address:	2152 TIGRIS DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	D	( ) Delete
Name:	HOGAN, MARJORIE	
Address:	4400 PGA BLVD STE 900	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	D	( ) Delete
Name:	BUTLER, SHANNON	
Address:	1415 RIDGEWOOD E	
City-St-Zip:	ORLANDO, FL 32802	

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:	D	(X) Change ( ) Addition
Name:	CANTILLO, JULIAN	
Address:	PO BOX 730956	
City-St-Zip:	ORMOND BEACH, FL 32173	
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: SIMONE VELASQUEZ HOOVER PRES 03/24/2009

Electronic Signature of Signing Officer or Director — Date