2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010992

Entity Name: STOP FLORIDA FORECLOSURE, INC.

Sep 25, 2009
Secretary of State

FILED

Current Principal Place of Business: New Principal Place of Business:

3881 COCOPLUM CIRCLE COCONUT CREEK, FL 33063

Current Mailing Address: New Mailing Address:

3881 COCOPLUM CIRCLE COCONUT CREEK, FL 33063

FEI Number: FEI Number Applied For (X) 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:

BERRY, RONNE 3881 COCOPLUM CIRCLE COCONUT CREEK, FL 33063 US

OFFICERS AND DIRECTORS:

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

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition BERRY, RONNE Name: Name: 3881 COCOPLUM CIRCLE Address: Address: City-St-Zip: COCONUT CREEK, FL 33063 City-St-Zip: Title: Title: () Delete () Change () Addition DELVECCHIO, MATTHEW Name: Name: Address: 3881 COCOPLUM CIRCLE Address: City-St-Zip: COCNUT CREEK, FL 33063 City-St-Zip: Title: TRES () Delete Title: **TRES** (X) Change () Addition BERRY, WILLIAM H III MALINGUAGGI, ELAINE Name: Name: 3881 COCOPLUM CIRCLE 3881 COCOPLUM CIRCLE Address: Address: City-St-Zip: COCONUT CREEK, FL 33063 City-St-Zip: COCONUT CREEK, FL 33063 Title: () Delete Title: D () Change (X) Addition Name: Name: BERRY, RONNE 3881 COCOPLUM CR Address: Address: City-St-Zip: City-St-Zip: COCONUT CREEK, FL 33063 Title: () Delete Title: () Change (X) Addition MALINGUAGGI, ELAINE Name: Name: 3881 COCOPLUM CIRCLE Address: Address: City-St-Zip: City-St-Zip: COCONUT CREEK, FL 33063 Title: () Delete Title: () Change (X) Addition BRESCIA, ROSE Name: Name: Address: Address: 3881 COCOPLUM CIRCLE COCONUT CREEK, FL 33063 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: RONNE BERRY PRES 09/25/2009