

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000275

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** THE MOST HIGH MAKEOVER TRANSITIONAL HOUSING INC.

**Current Principal Place of Business:**

2175 EOLA CT.  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

2175 EOLA CT.  
OVIEDO, FL 32765

**New Mailing Address:**

P.O. BOX 141596  
ORLANDO, FL 32814

**FEI Number:** 26-4316674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, MARIA A  
2175 EOLA CT.  
OVIEDO, FL 32765 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  
Name: RODRIGUEZ, MARIA A  
Address: 2175 EOLA CT.  
City-St-Zip: OVIEDO, FL 32765

Title: VP  
Name: JOHNSON, JEFF  
Address: 29369 CASTLE OAK AVE  
City-St-Zip: ORLANDO, FL 32808

Title: S  
Name: GAGE, KEITH  
Address: 5127 ANDREA BLVD.  
City-St-Zip: ORLANDO, FL 32825

Title: T  
Name: SPERGER, ERIN C  
Address: 2824 RED LION SQUARE  
City-St-Zip: WINTER PARK, FL 32792

Title: D  
Name: ECLAIR, DE OLIVEIRA  
Address: 2175 EOLA CT.  
City-St-Zip: OVIEDO, FL 32765

Title: D  
Name: SAMMUEL, GRAHAM  
Address: 2175 EOLA CT  
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: MARIA A. RODRIGUEZ

P

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date