

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010370

FILED  
Jul 09, 2011  
Secretary of State

**Entity Name:** OPERATION "AT HOME". INC.

**Current Principal Place of Business:**

205 B 2ND ST  
JASPER, FL 34052

**New Principal Place of Business:**

205 B 2ND ST  
JASPER, FL 32052

**Current Mailing Address:**

PO BOX 15  
JASPER, FL 32052

**New Mailing Address:**

**FEI Number:** 80-0659963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YOUR CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE, FL 323011283 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: SANCHEZ, BRENDA  
Address: 205 B 2ND ST  
City-St-Zip: JASPER, FL 32052

Title: V  
Name: DUNAWAY, CHERYL  
Address: 2726 NE HWY 129  
City-St-Zip: JASPER, FL 32052

Title: S  
Name: JENKINS, DEBORAH  
Address: 6346 SR 6 W  
City-St-Zip: JASPER, FL 32052

Title: T  
Name: PEREZ, APRIL  
Address: 407 15TH AVE NW  
City-St-Zip: JASPER, FL 32052

Title: AS  
Name: FERGUSON, DENA  
Address: 1008 CENTRAL AVENUE. SW  
City-St-Zip: JASPER, FL 32052

Title: C  
Name: LEE, JAMIE  
Address: 9111 48TH STREET  
City-St-Zip: LIVE OAK, FL 32060

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: BRENDA SANCHEZ

P

07/09/2011

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

\_\_\_\_\_  
Date