

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20274

FILED
Apr 06, 2009
Secretary of State

Entity Name: MARY & MARTHA HOUSE, INC.

Current Principal Place of Business:

1009 1ST STREET SW
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

PO BOX 1251
RUSKIN, FL 33575 US

New Mailing Address:

FEI Number: 59-2788323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEPLER, LAURIE
1009 1ST STREET SW
RUSKIN, FL 33570 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: D () Delete
Name: BOLES, JOAN ESQ
Address: 829 DR MLK BLVD
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: BOA, JOHN
Address: 310 WENDI LANE
City-St-Zip: RUSKIN, FL 33570

Title: VPD () Delete
Name: PARKER, BEVERLY
Address: PO BOX 5231
City-St-Zip: SUN CITY CENTER, FL 33571

Title: DP () Delete
Name: NYWARK, DENNIS
Address: 110 S PEBBLE BCH BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: ED () Delete
Name: KEPLER, LAURIE
Address: 407 BAYFIELD DRIVE
City-St-Zip: BRANDON, FL 33511

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: () 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: LAURIE KEPLER

ED

04/06/2009

Electronic Signature of Signing Officer or Director

Date