

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29452

FILED
Mar 30, 2009
Secretary of State

Entity Name: MARTHA'S HOUSE, INC.

Current Principal Place of Business:

4134 HWY 441 NORTH
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 727
OKEECHOBEE, FL 34973 US

New Mailing Address:

FEI Number: 65-0094350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UTT, MARY LINDA
4705 SE 141ST AVENUE
OKEECHOBEE, FL 34974 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 () Delete
Name: STRIPLING, KEITH
Address: 504 NW 4TH ST.
City-St-Zip: OKEECHOBEE, FL 34972

Title: VP () Delete
Name: JONES, TOM
Address: 6525 NE 72ND CIRCLE WEST
City-St-Zip: OKEECHOBEE, FL 34974

Title: SEC () Delete
Name: JOHNSON, SHIRLEY
Address: 902 NW 11TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: T () Delete
Name: UTT, MARY LINDA
Address: 4705 SE 141ST AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: ED (X) Delete
Name: LOCKE, STEPHANIE E
Address: 810 SE 9TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: D (X) Delete
Name: FRALIX, WYNN
Address: 1865 NW 50TH AVE
City-St-Zip: OKEECHOBEE, FL 34972 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BETTS, CLIFF JR.
Address: 5995 NE 120TH STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: TR (X) Change () Addition
Name: JOHNSON, SHIRLEY
Address: 902 NW 11TH STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: SEC (X) Change () Addition
Name: MILLER, BETTY
Address: 5654 NW 24TH STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: ED (X) Change () Addition
Name: STEPHANIE, LOCKE E
Address: 810 SE 9TH STREET
City-St-Zip: OKEECHOBEE, FL 34974 US

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: STEPHANIE E. LOCKE

ED

03/30/2009

Electronic Signature of Signing Officer or Director

Date