

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32459

FILED
Jan 29, 2009
Secretary of State

Entity Name: KRETCHMAN MEMORIAL HOME, INC.

Current Principal Place of Business:

C/O AINSLEE R. FERDIE
SUITE 215, 717 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

C/O AINSLEE R. FERDIE
SUITE 215, 717 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0126900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERDIE, AINSLEE R.
717 PONCE DE LEON BLVD.
SUITE 215
CORAL GABLES, FL 33134 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: PCD () Delete
Name: KLING, WILLIAM
Address: 8840 NW 13 STREET
City-St-Zip: PLANTATION, FL 33322

Title: DSVC () Delete
Name: SIMON, MARVIN
Address: 2120 SW 82ND TERR. #2803
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: T () Delete
Name: FROMMER, BERNARD
Address: 9230 LAGOON PL
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: PQM () Delete
Name: TUREK, JACK
Address: 264 NW 95TH AVE.
City-St-Zip: PLANTATION, FL 33324

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:

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: MARVIN SIMON

DSVC

01/29/2009

Electronic Signature of Signing Officer or Director

Date