## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N42137

FILED Apr 17, 2009 Secretary of State

Entity Name: ADOPT A VILLAGE IN GUATEMALA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1264 NE 156TH ST NORTH MIAMI BEACH, FL 33162 LIS **Current Mailing Address: New Mailing Address:** 1264 NE 156TH ST NORTH MIAMI BEACH, FL 33162 US FEI Number: 65-0250478 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIXON, FRANCES 1264 NE 156TH ST. NORTH MIAMI BEACH, FL 33162 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition LATHAM, MARK BAILEY, DAVID Name: Name: 13520 2ND AVENUE NE Address: 8755 ERIE LANE Address: City-St-Zip: BRADENTON, FL 34212 US City-St-Zip: PARRISH, FL 34219 US Title: Title: ( ) Delete () Change () Addition LENSKI, FRANCIS Name: Name: Address: 921 NE CIRCLE Address: City-St-Zip: VANCOUVER, WA 98685 US City-St-Zip: Title: () Delete Title: () Change () Addition JILL, HODGES Name: Name: 4609 SW COLLEGE STREET Address: Address: City-St-Zip: SEATTLE, WA 98116 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: DIXON, FRANCES Name: Address: 1264 NE 156TH STREET Address: City-St-Zip: BONITA SPRINGS, FL 33162 US City-St-Zip: Title: () Delete Title: () Change () Addition KATHY, HIEBERT Name: Name: 1085 TASMAN DRIVE Address: Address: City-St-Zip: SUNNYVALE, CA 94089 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition DELAURENTIS, NATALIE Name: Name: Address: 32 COURTLAND AVENUE, APT 4 Address: STAMFORD, CA 06902 US City-St-Zip: 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: FRANCES DIXON P 04/17/2009