

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 06, 2009
Secretary of State

DOCUMENT# N49331

Entity Name: SOUTH FLORIDA ALLIANCE FOR HUMANITY, INC.**Current Principal Place of Business:**C/O BANKATLANTIC
2100 WEST CYPRESS CREEK RD
FT. LAUDERDALE, FL 33309**New Principal Place of Business:****Current Mailing Address:**C/O BANKATLANTIC
2100 WEST CYPRESS CREEK RD
FT. LAUDERDALE, FL 33309**New Mailing Address:****FEI Number:** 65-0343826**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NGUYEN, DOQUYEN T
2100 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309 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:** DP () Delete
Name: LEVAN, ALAN B
Address: 2100 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309**Title:** DT () Delete
Name: SARRICA, LEWIS
Address: 2100 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309**Title:** DS () Delete
Name: LEE, MELINDA
Address: 2100 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309**Title:** D () Delete
Name: LEVAN, JARETT S
Address: 2100 WEST CYPRESS CREEK RD
City-St-Zip: FORT LAUDERDALE, FL 33309**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DS (X) Change () Addition
Name: BARRY-SMITH, MARCIA
Address: 2100 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309**Title:** DVP (X) Change () Addition
Name: LEVAN, JARETT S
Address: 2100 WEST CYPRESS CREEK RD
City-St-Zip: FORT LAUDERDALE, FL 33309

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: LEWIS SARRICA

DT

07/06/2009

Electronic Signature of Signing Officer or Director

Date