

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N92000000930

1. Entity Name

HOME SWEET HOME FOUNDATION, INC.



Principal Place of Business

5120 S.W. 22ND ST.
HOLLYWOOD, FL 33023

Mailing Address

5120 S.W. 22ND ST.
HOLLYWOOD, FL 33023



04112008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

65-0391285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KREILING, EDWARD P
6151 MIRAMAR PARKWAY
STE. 101
MIRAMAR, FL 33023

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CT
NAME	ROBERTS, JR. H
STREET ADDRESS	5120 SW 22 STREET
CITY- ST- ZIP	HOLLYWOOD, FL
TITLE	P
NAME	ROBERTS, ALFREDO
STREET ADDRESS	1428 SUSAN LANE
CITY- ST- ZIP	CARROLLTON, TX
TITLE	S
NAME	ROBERTS, MERCEDES
STREET ADDRESS	5120 SW 22ND STREET
CITY- ST- ZIP	HOLLYWOOD, FL
TITLE	D
NAME	JACKSON, ALEXANDER
STREET ADDRESS	810 NW 179TH TERRACE
CITY- ST- ZIP	MIAMI, FL
TITLE	T
NAME	CLARK, I. S REV.
STREET ADDRESS	4411 SW 21ST STREET
CITY- ST- ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/14/08-80041-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Manfred Robert Howard Roberts 4/22/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #