2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N93000003025

Entity Name: REBUILDING TOGETHER MIAMI - DADE, INC.

Current Principal Place of Business:

1533 SUNSET DRIVE
150
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

1533 SUNSET DRIVE
150
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 65-0424304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILLER, WILLIAM R
1533 SUNSET DRIVE
150
MIAMI, FL 33143 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:	MILLER, WILLIAM R	
Address:	1533 SUNSET DRIVE STE 150	
City-St-Zip:	MIAMI, FL 33143	
Title:	VP	( ) Delete
Name:	TEASDALE, RON	
Address:	6620 SW 77 TERRACE	
City-St-Zip:	MIAMI, FL 33143	
Title:	TREA	( ) Delete
Name:	BROWNING, TODD	
Address:	5200 GRANT STREET	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	SEC	( ) Delete
Name:	MARRACCINI, LINDA DR	
Address:	6280 SUNSET DR	
City-St-Zip:	SOUTH MIAMI, FL 33143	
Title:	D	( ) Delete
Name:	MILLS, LEN	
Address:	ASSOCIATED GENERAL CONT. PO BOX 267607	
City-St-Zip:	SUNRISE, FL 33326	
Title:	D	( ) Delete
Name:	MURPHY, MICHAEL P	
Address:	COASTAL CONSTRUCTION 14141 SW 69 AVE	
City-St-Zip:	MIAMI, FL 33158	

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:	
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: DONNA FALES ED 01/16/2009

Electronic Signature of Signing Officer or Director — Date