## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005845

FILED Jul 21, 2006 Secretary of State

Entity Name: THE HOMETOWN NEIGHBORHOODS INSTITUTE, INC. **New Principal Place of Business: Current Principal Place of Business:** 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131 FEI Number: 65-0871064 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETREY, RODERICK N PETREY, RODERICK N 701 BRICKELL AVENUE 150 SE 2ND AVENUE SUITE 3000 STE 709 MIAMI, FL 33131 US MIAMI, FL 33131 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: 07/21/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete EMBRY, JOEL Name: Name: Address: FIVE SOUTH 3RD STREET Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: PETREY, RODERICK Name: PETREY, RODERICK Address: 701 BRICKELL AVENUE, SUITE 3000 Address: 150 SE 2ND AVENUE, STE 709 City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131 Title: SD () Delete Title: () Change () Addition GLASS, REEDER Name: Name: 1201 W. PEACHTREE STREET, N.W. Address: Address: City-St-Zip: ATLANTA, GA 30309 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RODERICK N PETREY VPD 07/21/2006