2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N98000003940

Entity Name: SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.

Current Principal Place of Business:

2706 FLAGLER AVE.
KEY WEST, FL 33040 US

New Principal Place of Business:

1100 SIMONTON STREET
KEY WEST, FL 33040 US

Current Mailing Address:

P.O.BOX 2990
KEY WEST, FL 33045

New Mailing Address:

FEI Number: 65-0874896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLES, WENDY L RA
1007 WHITEHEAD ST
KEY WEST, FL 33040 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: C ( ) Delete
Name: SZUREK, MARK PHD
Address: 2706 FLAGLER AVE.
City-St-Zip: KEY WEST, FL 33040 US

Title: VC ( ) Delete
Name: PIPHER, JAMIE VC
Address: 3000 41ST STREET, OCEAN
City-St-Zip: MARATHON, FL 33050 US

Title: T ( ) Delete
Name: BLOMBERG, DOUG T
Address: 1304 TRUMAN
City-St-Zip: KEY WEST, FL 33040 US

Title: S ( ) Delete
Name: LIINDSAY, PATRICK
Address: 1619 TRUESDELL COURT
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: AVAEL, RAIETTE
Address: 5503 COLLEGE ROAD SUITE 209
City-St-Zip: KEY WEST, FL 33040 US

Title: VC (X) Change ( ) Addition
Name: PIPHER, JAMIE
Address: 3000 41ST STREET, OCEAN
City-St-Zip: MARATHON, FL 33050 US

Title: T (X) Change ( ) Addition
Name: BLOMBERG, DOUG
Address: 1304 TRUMAN
City-St-Zip: KEY WEST, FL 33040 US

Title: S (X) Change ( ) Addition
Name: DREWING, JANICE
Address: 1320 COCO PLUM DRIVE
City-St-Zip: MARATHON, FL 33050 US

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: RAIETTE AVAEL C 03/19/2009

Electronic Signature of Signing Officer or Director — Date