

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 18, 2010**  
**Secretary of State**

DOCUMENT# N98000003940

**Entity Name:** SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.**Current Principal Place of Business:**1100 SIMONTON STREET  
KEY WEST, FL 33040 US**New Principal Place of Business:****Current Mailing Address:**P.O.BOX 2990  
KEY WEST, FL 33045**New Mailing Address:****FEI Number:** 65-9874896**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****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  
Name: AVAEL, RAIETTE  
Address: 5503 COLLEGE ROAD SUITE 209  
City-St-Zip: KEY WEST, FL 33040 US

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

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

Title: S  
Name: MANN, BILL  
Address: 73 HIGH POINT ROAD  
City-St-Zip: TAVERNIER, FL 33070 US

I hereby 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 all other like empowered.

SIGNATURE: WENDY COLES

RA

10/18/2010

Electronic Signature of Signing Officer or Director

Date