

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006967

FILED
Jan 21, 2009
Secretary of State

Entity Name: HONDURAS RELIEF EFFORTS, INC.

Current Principal Place of Business:

4400 CRANSTON PL
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

4400 CRANSTON PL.
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 54-3547606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, NINA
4400 CRANSTON PL.
ORLANDO, FL 32812 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: PD () Delete
Name: CHACON, JOSE ERNESTO
Address: 3101 MCEWAN LANE
City-St-Zip: ORLANDO, FL 32812

Title: VPD () Delete
Name: HOLBROOK, ANNA MARIA
Address: 335 ROSWELL AVE.
City-St-Zip: ORLANDO, FL 32803

Title: SD () Delete
Name: BROCATO, FRANCISCO
Address: 3413 JON JON DR.
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHACON, JOSE ERNESTO
Address: 3101 MCEWAN VIEW CIRCLE
City-St-Zip: ORLANDO, FL 32812

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: NINA ADAMS

MD

01/21/2009

Electronic Signature of Signing Officer or Director

Date