

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008352

Entity Name: HOMELESS FAMILY CENTER FOUNDATION, INC.**Current Principal Place of Business:**720 4TH STREET
VERO BEACH, FL 32962**Current Mailing Address:**715 4TH PLACE
VERO BEACH, FL 32962**FEI Number:** 20-5412903**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLS, MOLLY
715 4TH PLACE
VERO BEACH, FL 32962 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:** MOLLY MILLS

05/02/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COONEY, WILLIAM P DR.
Address 245 HOLLY ROAD
City-State-Zip: VERO BEACH FL 32963

Title VP
Name SCULLY, SUZANNE
Address 1250 W SOUTHWINDS BLVD., #213
City-State-Zip: VERO BEACH FL 32963

Title TREASURER
Name ALBRO, BRUCE
Address 701 N SWIM CLUB DR #3B
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name BEGGY, MARICLARE
Address 8895 E ORCHID ISLAND CIR
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name SCHMITT, WILLIAM
Address 8890 SEA OAKS WAY NORTH #106
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name PAPPALARDO, GLORIA
Address 419 INDIES DR
City-State-Zip: VERO BEACH FL 32963

Title EXECUTIVE DIRECTOR
Name GROSSI, DIANA DR.
Address 8870 EAST ORCHID ISLAND CIR.
City-State-Zip: VERO BEACH FL 32963

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: DR. DIANA GROSSI**EXECUTIVE DIRECTOR**

05/02/2018

Electronic Signature of Signing Officer/Director Detail

Date