

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002627

**Entity Name:** THE REGIONAL SOLUTION FOR HOMELESSNESS, INC.

**Current Principal Place of Business:**

225 N. KENNEL RD.  
SANFORD, FL 32771

**Current Mailing Address:**

225 N. KENNEL RD.  
SANFORD, FL 32771

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HARVEST TIME INTERNATIONAL, INC.  
225 N. KENNEL RD.  
SANFORD, FL 32771 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:** ARTHUR J. MURPHY JR.

04/26/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name MURPHY, ARTHUR JJR.  
Address 7462 APRELLE DR.  
City-State-Zip: SANFORD FL 32771

Title DVP  
Name MURPHY, MARY H  
Address 7462 APRELLE DR.  
City-State-Zip: SANFORD FL 32771

Title STD  
Name SMOLINSKY, ANDRE  
Address 1630 OLD TITUSVILLE RD  
City-State-Zip: ENTERPRISE FL 32725

*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:** ANDRE SMOLINSKY

STD

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date