

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002884

1. Entity Name
THE HOMEPLACE SHELTER INC.



Principal Place of Business
**5407 DILLS RD.
MONTICELLO, FL 32344**

Mailing Address
**612 EAST CLAY ST.
THOMASVILLE, GA 31792**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004 Chg-NP GR2E037 (10/03)

City & State

City & State

4. FEI Number
74-3039901

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MITCHELL, HOWARD JR
5455 DILLS RD.
MONTICELLO, FL 32344**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
C
PATEL, HETAL DR.
STREET ADDRESS
1102 SMITH AVE.
CITY-ST-ZIP
THOMASVILLE, GA 31792 ☐ Delete

TITLE
NAME
VC
JACKSON, JERRY
STREET ADDRESS
525 CASSIDY RD.
CITY-ST-ZIP
THOMASVILLE, GA 31792 ☐ Delete

TITLE
NAME
D
MITCHELL, HOWARD JR
STREET ADDRESS
5455 DILLS RD.
CITY-ST-ZIP
MONTICELLO, FL 32344 ☐ Delete

TITLE
NAME
D
WARD, TRAMAIN
STREET ADDRESS
5407 DILLS RD.
CITY-ST-ZIP
MONTICELLO, FL 32344 ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**U000000049133
02/13/04-80010-021 61.25**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/04

Date

Daytime Phone #

229-551-0695