


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000002349 1. Entity Name HOUSING RESOURCE CENTER, INC.	
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Principal Place of Business 550 PHARR RD. SUITE 209 ATLANTA, GA 30305	Mailing Address PO BOX 53274 ATLANTA, GA 30355
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-2137444	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCDONALD, SUSAN C 1301 RIVERPLACE BLVD #1500 JACKSONVILLE, FL 32207

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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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP PATRICIO, ALAN B 1860 FLAGLER AVE. ATLANTA, GA 30309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCDONALD, SUSAN C 1301 RIVERPLACE BLVD #1500 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HATCHER, SAMUEL F 1401 DRESDEN DR STE. 300 ATLANTA, GA 30319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, GARY 120 OSLO CIRCLE BIRMINGHAM, AL 35211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED CONE, ANN PO BOX 53274 ATLANTA, GA 30355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000197886
01/27/05-80030-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Alan B. Patricio	1/21/05	404-816-9770
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>