

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90045 047 ****70.00

DOCUMENT # N06000006652					
1. Entity Name THE HOMELESS ASSISTANCE CORPORATION					
Principal Place of Business 330 NORTH ST DAYTONA BEACH, FL 32114			Mailing Address 330 NORTH ST C DAYTONA BEACH, FL 32114		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5163640	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BCH, FL 32115			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME VARGAS, HEATHER B	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 150 MAGNOLIA AVE.	CITY- ST- ZIP DAYTONA BCH, FL 32114		NAME	STREET ADDRESS	
TITLE DVP	NAME CHRISTEN, DIANA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS P. O. BOX 2058	CITY- ST- ZIP BUNNELL, FL 32110		NAME	STREET ADDRESS	
TITLE DS	NAME MAC'KIE, CLARIS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 810 RIDGEWOOD AVE.	CITY- ST- ZIP HOLLY HILL, FL 32117		NAME	STREET ADDRESS	
TITLE DT	NAME SERBOUSEK, TED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS P. O. BOX 751	CITY- ST- ZIP DAYTONA BCH, FL 32114		NAME	STREET ADDRESS	
TITLE D	NAME BELL, CHET	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3875 TIGER BAY RD.	CITY- ST- ZIP DAYTONA BCH, FL 32124		NAME	STREET ADDRESS	
TITLE D	NAME DOCTOR, JOHN	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2251 LUCIEN WAY	CITY- ST- ZIP MAITLAND, FL 32751		NAME	STREET ADDRESS	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Brian W. Wood</i>			Date: <i>1/9/08</i> (386)		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Daytime Phone #: <i>252-7400 x 29</i>		