

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006652

FILED
Jan 13, 2009
Secretary of State

Entity Name: THE HOMELESS ASSISTANCE CORPORATION

Current Principal Place of Business:

330 NORTH ST
DAYTONA BEACH, FL 32114

New Principal Place of Business:

340 NORTH ST
DAYTONA BEACH, FL 32114

Current Mailing Address:

330 NORTH ST
C
DAYTONA BEACH, FL 32114

New Mailing Address:

340 NORTH ST
C
DAYTONA BEACH, FL 32114

FEI Number: 20-5163640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BCH, FL 32115 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VARGAS, HEATHER B
Address: 150 MAGNOLIA AVE.
City-St-Zip: DAYTONA BCH, FL 32114

Title: DVP () Delete
Name: CHRISTEN, DIANA
Address: P. O. BOX 2058
City-St-Zip: BUNNELL, FL 32110

Title: DT () Delete
Name: SERBOUSEK, TED
Address: P. O. BOX 751
City-St-Zip: DAYTONA BCH, FL 32114

Title: D () Delete
Name: BELL, CHET
Address: 3875 TIGER BAY RD.
City-St-Zip: DAYTONA BCH, FL 32124

Title: DS () Delete
Name: DOCTOR, JOHN
Address: 2251 LUCIEN WAY
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: BREWER, BO
Address: 111 RAMONA RD
City-St-Zip: CRESCENT CITY, FL 32112

Title: DS (X) Change () Addition
Name: SERBOUSEK, TED
Address: P. O. BOX 751
City-St-Zip: DAYTONA BCH, FL 32114

Title: D (X) Change () Addition
Name: HALE, SUE
Address: 329 BILL FRANCE RD
City-St-Zip: DAYTONA BCH, FL 32114

Title: D (X) Change () Addition
Name: DOCTOR, JOHN
Address: 2251 LUCIEN WAY
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN

DO

01/13/2009

Electronic Signature of Signing Officer or Director

Date