

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008352

FILED  
Mar 01, 2012  
Secretary of State

**Entity Name:** HOMELESS FAMILY CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

720 4TH STREET  
VERO BEACH, FL 32962

**New Principal Place of Business:**

**Current Mailing Address:**

715 4TH PLACE  
VERO BEACH, FL 32962

**New Mailing Address:**

**FEI Number:** 20-5412903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COYLE, DONALD L  
715 4TH PLACE  
VERO BEACH, FL 32962 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  
Name: KROSS, DAN  
Address: 9345 FRANGIPANI DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: TD  
Name: BOLINGER, ADAM  
Address: 2006 SURFSIDE TERRACE  
City-St-Zip: VERO BEACH, FL 32963

Title: SD  
Name: MAYO, LIZ  
Address: 620 REEF ROAD  
City-St-Zip: VERO BEACH, FL 32963

Title: VD  
Name: SOBKOWIAK, ROGER  
Address: 537 44TH AVENUE SW  
City-St-Zip: VERO BEACH, FL 32968

Title: EDD  
Name: COYLE, DONALD L  
Address: 715 4TH PLACE  
City-St-Zip: VERO BEACH, FL 32962

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: D. LORNE COYLE

ED

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date