

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001035

FILED
Mar 26, 2008
Secretary of State

Entity Name: HOMELESS MINISTRY & RESTORATION LIFE CENTER INC.

Current Principal Place of Business:

8415 CHESWICK OAKS AVE. SUITE 3
JACKSONVILLE, FL 32244

New Principal Place of Business:

3613 MEADOWGREEN LANE
MIDDLEBURG, FL 32068

Current Mailing Address:

8415 CHESWICK OAKS AVE. SUITE 3
JACKSONVILLE, FL 32244

New Mailing Address:

3613 MEADOWGREEN LANE
MIDDLEBURG, FL 32068

FEI Number: 20-8373154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEVALIER, JOSEPH
8415 CHESWICK OAKS AVE,
SUITE 3
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

CHEVALIER, JOSEPH
3613 MEADOWGREEN LANE
MIDDLEBURG, FL 32068 US

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: _____

03/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHEVALIER, JOSEPH
Address: 8415 CHESWICK OAKS AVE, SUITE 3
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP (X) Delete
Name: FRASER, JOYCE
Address: 8415 CHESWICK OAKS AVE, SUITE 3
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: CHEVALIER, JEAN
Address: 8415 CHESWICK OAKS AVE, SUITE 3
City-St-Zip: JACKSONVILLE, FL 32244

Title: S (X) Delete
Name: DODD, MARY
Address: 8415 CHESWICK OAKS AVE, SUITE 3
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHEVALIER, JOSEPH
Address: 3613 MEADOWGREEN LANE
City-St-Zip: MIDDLEBURG, FL 32068

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

Title: T (X) Change () Addition
Name: CHEVALIER, JEAN
Address: 3613 MEADOWGREEN LANE
City-St-Zip: MIDDLEBURG, FL 32068

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

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: JOSEPH GELANOR CHEVALIER

P

03/26/2008

Electronic Signature of Signing Officer or Director

Date