

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011997

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** HOMELESS VETERANS SERVICES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

4327 S. HWY 27  
SUITE #246  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

4327 S. HWY 27  
SUITE #246  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 27-1478750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, BENJAMIN C  
4327 S. HWY 27  
SUITE #246  
CLERMONT, FL 34711 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: D  
Name: THOMAS, BENJAMIN C  
Address: 4327 S. HWY 27  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: THOMAS, DAWN M  
Address: 4327 S. HWY 27  
City-St-Zip: CLERMONT, FL 34711

Title: STD  
Name: GAYE, JOHN  
Address: 4327 S. HWY 27  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: ROGERS, LEVI  
Address: 4327 S. HWY 27  
City-St-Zip: CLERMONT, FL 34711

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: DAWN THOMAS

D

04/26/2012

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

\_\_\_\_\_  
Date