2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2012
Secretary of State

DOCUMENT# N11000000026

Entity Name: DAMASCUS HOMELESS AND AFTERCARE INC.

Current Principal Place of Business:

2443 LEON AVE
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

2443 LEON AVE
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 30-0633537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMES, TWYLA
2443 LEON AVE
SARASOTA, FL 34234 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: JAMES, TWYLA
Address: 2443 LEON AVE
City-St-Zip: SARASOTA, FL 34234

Title: D
Name: JAMES, CALVIN
Address: 2443 LEON AVE
City-St-Zip: SARASOTA, FL 34234

Title: D
Name: GLASGOW, IKE
Address: 2443 LEON AVE
City-St-Zip: SARASOTA, FL 34234

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: TWYLA JAMES OWNE 03/23/2012

Electronic Signature of Signing Officer or Director Date