2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N16823

1. Entity Name
HOMELESS EMERGENCY PROJECT, INC.

Principal Place of Business	Mailing Address
1120 NORTH BETTY LANE CLEARWATER, FL 34615	1120 NORTH BETTY LANE CLEARWATER, FL 34615

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03072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2729694

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FYFE, BRUCE
941 WEATHERSFIELD DR
DUNEDIN, FL 34698

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bruce Fyfe President 3-14-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FYFE, BRUCE E
STREET ADDRESS	941 WEATHERSFIELD
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	VD
NAME	ELKINS, RICK
STREET ADDRESS	722 CORDOVA GREENS
CITY-ST-ZIP	LARGO, FL 33777
TITLE	S
NAME	NOBILE, ROSANNE
STREET ADDRESS	2661 WALNUT
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	T
NAME	GREEN, BRENDA
STREET ADDRESS	12906 HICKORY LANE
CITY-ST-ZIP	LARGO, FL 33774
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/06-80001-002 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 3-14-06 727-442-9041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #