


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90053 032 ****70.00

DOCUMENT # N16823 1. Entity Name HOMELESS EMERGENCY PROJECT, INC.					
Principal Place of Business 1120 NORTH BETTY LANE CLEARWATER, FL 34615			Mailing Address 1120 NORTH BETTY LANE CLEARWATER, FL 34615		
2. Principal Place of Business - No P.O. Box # <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. <i>Same</i>		Suite, Apt. #, etc. <i>Same</i>			
City & State <i>Same</i>		City & State <i>Same</i>			
Zip <i>33755</i>		Country <i>33755</i>		City & State <i>Pineellas</i>	
4. FEI Number 59-2729694				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FYFE, BRUCE 941 WEATHERSFIELD DR DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FYFE, BRUCE E 941 WEATHERSFIELD DUNEDIN, FL 34698		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Same</i> <i>Same</i> <i>Same</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELKINS, RICK 722 CORDOVA GREENS LARGO, FL 33777		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman of Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Same</i> <i>Same</i> <i>Same</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOBILE, ROSANNE 2661 WALNUT PALM HARBOR, FL 34683		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREEN, BRENDA 12906 HICKORY LANE LARGO, FL 33774		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Bruce E. Fyfe</i> Bruce E. Fyfe <i>4-23-07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>					