2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N16823

Entity Name: HOMELESS EMERGENCY PROJECT, INC.

Current Principal Place of Business:

1120 NORTH BETTY LANE
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1120 NORTH BETTY LANE
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 59-2729694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FYFE, BRUCE
941 WEATHERSFIELD DR
DUNEDIN, FL 34698 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:	C	( ) Delete
Name:	FYFE, BRUCE E	
Address:	941 WEATHERSFIELD	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	VC	( ) Delete
Name:	ELKINS, RICK	
Address:	722 CORDOVA GREENS	
City-St-Zip:	LARGO, FL 33777	
Title:	S	( ) Delete
Name:	NOBILE, ROSANNE	
Address:	2661 WALNUT	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	T	( ) Delete
Name:	GREEN, BRENDA	
Address:	12906 HICKORY LANE	
City-St-Zip:	LARGO, FL 33774	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: BRUCE E FYFE C 03/19/2009

Electronic Signature of Signing Officer or Director — Date