

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16823

FILED
Mar 30, 2011
Secretary of State

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 (X)

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
Name: FYFE, BRUCE E
Address: 941 WEATHERSFIELD
City-St-Zip: DUNEDIN, FL 34698

Title: VC
Name: ELKINS, RICK
Address: 1482 HIGHLAND CIRCLE
City-St-Zip: CLEARWATER, FL 33755

Title: S
Name: GREEN, BRENDA T
Address: 139 BLUFFVIEW DR # 306
City-St-Zip: LARGO, FL 33770

Title: T
Name: GREEN, BRENDA
Address: 139 BLUFFVIEW DR # 306
City-St-Zip: LARGO, FL 33770

Title: CEO
Name: GREEN, BARBARA
Address: 1120 N BETTY LANE
City-St-Zip: CLEARWATER, FL 33755

Title: VP
Name: MCABEE, TERRANCE
Address: 1120 N BETTY LANE
City-St-Zip: CLEARWATER, FL 33755

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: BRUCE FYFE

C

03/30/2011

Electronic Signature of Signing Officer or Director

Date