

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 17, 2005 8:00 am
Secretary of State

06-17-2005 90003 042 ****70.00

DOCUMENT # N27226

1. Entity Name
LIBERTY CENTER FOR THE HOMELESS, INC.



Principal Place of Business
**909 N LIBERTY ST
JACKSONVILLE, FL 32206-5600 US**

Mailing Address
**P O BOX 40126
JACKSONVILLE, FL 32203-126 US**



06102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2892527

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANGFORD, ROOSEVELT F
909 N. LIBERTY ST.
JACKSONVILLE, FL 32206**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
WILLIAMS-BEY, HALLIE
2610 DALE VIEW DRIVE
JACKSONVILLE, FL 32225**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
TIPPING, LARRY
5690 118TH ST
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CHAMBLISS, DIANE
600 N WASHINGTON ST #211
JACKSONVILLE, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HARRIS, ROBERT L SR
892 OCEAN BLVD
ATLANTIC BEACH, FL 32233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
LANGFORD, ROOSEVELT R REV.
909 N. LIBERTY ST.
JACKSONVILLE, FL 32206**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MARTIN, MICHELE ESQ
200 N. LAURA ST.
JACKSONVILLE, FL 32202**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.13.05

Date

(904) 353-0446

Daytime Phone #

R. F. LANGFORD