

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

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**



02142007 No Chg-NP

CR2E037 (4/06)

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000712435

04/26/07-80047-011-70.00

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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.07 (904) 353-0446
Date Daytime Phone #