

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90025 001 ****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

40058100



03102008 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 <input checked="" type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	WILLIAMS-BEY, HALLIE
STREET ADDRESS	2610 DALE VIEW DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	PC
NAME	TIPPING, LARRY
STREET ADDRESS	5690 118TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	SD
NAME	CHAMBLISS, DIANE
STREET ADDRESS	600 N WASHINGTON ST #211
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	TD
NAME	HARRIS, ROBERT L SR
STREET ADDRESS	892 OCEAN BLVD
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	PC CONSULTANT
NAME	LANGFORD, ROOSEVELT R REV.
STREET ADDRESS	909 N. LIBERTY ST. 2203 ART MUSEUM DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32206 32207
TITLE	P
NAME	MARTIN, MICHELE ESQ
STREET ADDRESS	200 N. LAURA ST.
CITY-ST-ZIP	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: Robert L. Harris Jr. **Robert L. Harris Jr.** 3/30/08 (904) 353-0486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #