## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N27226

Feb 25, 2010 Secretary of State

Date

Entity Name: LIBERTY CENTER FOR THE HOMELESS, INC.

US

**Current Principal Place of Business: New Principal Place of Business:** 

600 N WASHINGTON ST.

JACKSONVILLE, FL 322065600 US

**Current Mailing Address: New Mailing Address:** 

P O BOX 40126

JACKSONVILLE, FL 32203126 US

FEI Number: 59-2892527 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LANGFORD, ROOSEVELT F 941 N. LIBERTY ST. JACKSONVILLE, FL 32206

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

## **OFFICERS AND DIRECTORS:**

HARRIS, ROBERT L JR Name: Address: 941 N LIBERTY ST City-St-Zip: JACKSONVILLE, FL 32206

Title: PC

Name: TIPPING, LARRY Address: 5690 118TH ST City-St-Zip: JACKSONVILLE, FL 32244

Title:

CHAMBLISS, DIANE Name: 600 N WASHINGTON ST #211 Address: City-St-Zip: JACKSONVILLE, FL 32202

Title: TD

Name: HARRIS, ROBERT L SR Address: 892 OCEAN BLVD ATLANTIC BEACH, FL 32233 City-St-Zip:

Title:

LANGFORD, ROOSEVELT R REV. Name:

941 N. LIBERTY ST. Address: JACKSONVILLE, FL 32206 City-St-Zip:

Title:

HARRIS, ROBERT L JR. Name: Address: 941 N. LIBERTY ST. JACKSONVILLE, FL 32206 City-St-Zip:

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: ROBERT L HARRIS JR **PRES** 02/25/2010