2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

DOCUMENT# N27226

Entity Name: LIBERTY CENTER FOR THE HOMELESS, INC.

Current Principal Place of Business:

600 N WASHINGTON ST.
JACKSONVILLE, FL 322065600 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 40126
JACKSONVILLE, FL 32203126 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

LANGFORD, ROOSEVELT F
941 N. LIBERTY ST.
JACKSONVILLE, FL 32206 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: HARRIS, ROBERT L JR
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: SD
Name: CHAMBLISS, DIANE
Address: 600 N WASHINGTON ST #211
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: C
Name: LANGFORD, ROOSEVELT R REV.
Address: 941 N. LIBERTY ST.
City-St-Zip: JACKSONVILLE, FL 32206

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

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 02/22/2011

Electronic Signature of Signing Officer or Director — Date