FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:23

DOCUMENT # N37764 (0)

1. Corporation Name
HOMELESS NO MORE CENTER, INC.

Principal Place of Business	Mailing Address
% BERKLEY M. PARMELEE 1515 SOUTH FEDERAL HIGHWAY SUITE 300 BOCA RATON FL 33432-7404	% BERKLEY M. PARMELEE 1515 SOUTH FEDERAL HIGHWAY SUITE 300 BOCA RATON FL 33432-7404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1990
3a. Date of Last Report: 02/25/1994
4. FEI Number: 65-0194277 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 204 N.E. 13th Avenue	26 204 N.E. 13th Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Boynton Beach, Florida	City & State 28 Boynton Beach, Florida
Zip / Country 24 33435 / 25 USA	Zip / Country 29 33435 / 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARMELEE, BERKLEY M 1515 SOUTH FEDERAL HIGHWAY SUITE 300 BOCA RATON FL 33431	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ALBURY, WILLIAM H.	1.2 NAME	
STREET ADDRESS	130 N.E. 8TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PRINCE, BARBARA	2.2 NAME	
STREET ADDRESS	7190 SAND CASTLE BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	ALBURY, LEONARD	3.2 NAME	
STREET ADDRESS	120 NE 8TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	GAYLE, NIETHA	4.2 NAME	
STREET ADDRESS	320 TULIP TREE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ALBURY, CARROLL	5.2 NAME	
STREET ADDRESS	218 N.W. 11TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LONG, CEDRIC	6.2 NAME	
STREET ADDRESS	411 N.E. 28TH COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/8/95 407-736-6497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040459