

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37764** (0)

1. Corporation Name

HOMELESS NO MORE CENTER, INC.

Principal Place of Business

**204 NE 13TH AVE
1515 SOUTH FEDERAL HIGHWAY SUITE 300
BOYNTON BEACH FL 33435
US**

Mailing Address

**204 NE 13TH AVE
1515 SOUTH FEDERAL HIGHWAY SUITE 300
BOYNTON BEACH FL 33435
US**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1880 N. Federal Hwy.	26 P.O. Box 595	04/20/1990	02/15/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For Not Applicable
22	27	65-0194277	
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Boynton Beach, FL	28 Boynton Beach, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 33435	25 USA		
29 33425	30 USA		

9. Name and Address of Current Registered Agent

**PARMELEE, BERKLEY M
1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	ALBURY, WILLIAM H.	1.2 NAME	Siebert, Nina
STREET ADDRESS	130 N.E. 8TH AVE.	1.3 STREET ADDRESS	201 W. Palmetto Park Road
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	VD	2.1 TITLE	D
NAME	PRINCE, BARBARA	2.2 NAME	Larry Parker
STREET ADDRESS	7190 SAND CASTLE BOULEVARD	2.3 STREET ADDRESS	730 Chatelain Blvd. East
CITY-ST-ZIP	LANTANA FL 33462	2.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	TD	3.1 TITLE	D
NAME	ALBURY, LEONARD	3.2 NAME	Sara Woody
STREET ADDRESS	120 NE 8TH AVE	3.3 STREET ADDRESS	3491 Orange Street
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP	Boynton Beach, FL 33425
TITLE	SD	4.1 TITLE	D
NAME	GAYLE, NIETHA	4.2 NAME	Tommie Wright
STREET ADDRESS	320 TULIP TREE DRIVE	4.3 STREET ADDRESS	7251 N. Federal Highway
CITY-ST-ZIP	LANTANA FL 33462	4.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	D	5.1 TITLE	D
NAME	ALBURY, CARROLL	5.2 NAME	Kimm Gent
STREET ADDRESS	218 N.W. 11TH AVE.	5.3 STREET ADDRESS	7339 Willow Spring Circle South
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	Lantana, FL 33462
TITLE	D	6.1 TITLE	
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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)