

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N43488 (8)

1. Corporation Name

HOME EFFECTIVE LIAISON PERSONS, INC.



Principal Place of Business

Mailing Address

C/O DAVID GEORGE
1580 WEST 30TH STREET
RIVIERA BEACH FL 33404-3538

C/O DAVID GEORGE
1580 WEST 30TH STREET
RIVIERA BEACH FL 33404-3538

3. Date Incorporated or Qualified
05/20/1991

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0278432

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**GEORGE, DAVID
1580 WEST 30TH STREET
RIVIERA BEACH FL 33404**

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 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 official under oath

(Initials) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **BROWN, ROBERT**
STREET ADDRESS **332 WEST 19TH ST.**
CITY - ST - ZIP **RIVIERA BEACH FL**

TITLE ☐ DELETE

NAME **GILMORE, ALBERT**
STREET ADDRESS **1364 13TH ST.**
CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME **GEORGE, DAVID**
STREET ADDRESS **1580 WEST 30TH ST.**
CITY - ST - ZIP **RIVIERA BEACH FL**

TITLE ☐ DELETE

NAME **MCCARTY, JONNIE**
STREET ADDRESS **712 58TH ST.**
CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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: Robert L. Brown Robert L. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 1996 (407) 838-1813

DATE Daytime Phone #

CR2E037 (12/95)