

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90276 040 \*\*\*\*61.25

**DOCUMENT # N45972**

1. Entity Name

**HOMELESS ASSISTANCE CENTER, INC.**

Principal Place of Business

**720 4TH STREET  
 VERO BEACH FL 32962  
 US**

Mailing Address

**2525 ST LUCIE AV  
 VERO BEACH FL 32960-5080  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3129752**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUX, SUE  
 117 HINCHMAN AV  
 SEBASTIAN FL 32958**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

*Sue Rux* (SUE RUX) EXECUTIVE DIRECTOR

4/9/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 VANMELE, RICHARD  
 781 GEORGE STREET  
 SEBASTIAN FL 32958 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PRESIDENT  
 FERGUSON PETERS, JR.  
 P.O. BOX 4366  
 VERO BEACH, FL 32964 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VPD  
 HOUDYSHELL, JAMES  
 22 STARFISH DR  
 VERO BEACH FL 32963 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VICE PRESIDENT  
 FRANK FAGAN  
 721 SHADY LAKE LN.  
 VERO BEACH, FL 32963 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 2VPD  
 OGRADY, JAMES  
 8431 SABAL PALM CT  
 VERO BEACH FL 32963 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 2ND VICE PRESIDENT  
 DOUGLAS JORDAN  
 5400 AIA  
 VERO BEACH, FL 32963 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TSD  
 SPYTEK, ROSE  
 1540 19 AV SW  
 VERO BEACH FL 32962 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TREASURER  
 RICHARD FAVA  
 1560 DAVIES LANE  
 VERO BEACH, FL 32967 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SD  
 SPYTEK, ROSE  
 1540 19TH AVE SW  
 VERO BEACH FL 32962 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SECRETARY  
 DR. DON MURRAY  
 4626 PEBBLE BAY EAST  
 VERO BEACH, FL 32963 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 EDD  
 DEBENEDICTIS, PHILIP  
 4100 N HWY A1A, #324  
 FORT PIERCE FL 34949 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 EXECUTIVE DIRECTOR  
 SUE RUX  
 117 HINCHMAN AVE.  
 SEBASTIAN, FL 32958 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sue Rux* (SUE RUX) EXECUTIVE DIRECTOR 4/9/02 561-567-2766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)