2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# N45972

Entity Name: HOMELESS ASSISTANCE CENTER, INC.

Current Principal Place of Business:

720 4TH STREET
VERO BEACH, FL 32962 US

New Principal Place of Business:

Current Mailing Address:

715 4TH PL
VERO BEACH, FL 32962 US

New Mailing Address:

FEI Number: 59-3129752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RUX, SUE
117 HINCHMAN AV
SEBASTIAN, FL 32958 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: PD ( ) Delete
Name: FERGUSON, PETERS JR
Address: PO BOX 4366
City-St-Zip: VERO BEACH, FL 32964

Title: VPD ( ) Delete
Name: FAGAN, FRANK
Address: 721 SHADY LAKE LANE
City-St-Zip: VERO BEACH, FL 32963

Title: 2VPD ( ) Delete
Name: JORDAN, DOUGLAS
Address: 5400 A1A
City-St-Zip: VERO BEACH, FL 32963

Title: TD ( ) Delete
Name: FAVA, RICHARD J
Address: 1560 ST. DAVIDS LN.
City-St-Zip: VERO BEACH, FL 32967

Title: SD ( ) Delete
Name: MURRAY, DON
Address: 4626 PEBBLE BAY EAST
City-St-Zip: VERO BEACH, FL 32963

Title: EDD ( ) Delete
Name: RUX, EXECUTIVE
Address: 117 HINCHMAN AVENUE
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FAGAN, FRANK
Address: 721 SHADY LAKE LANE
City-St-Zip: VERO BEACH, FL 32963

Title: VPD (X) Change ( ) Addition
Name: TIERNEY, THOMAS
Address: 6755 4TH STREET
City-St-Zip: VERO BEACH, FL 32968

Title: 2VPD (X) Change ( ) Addition
Name: EGAN, BRENNAN
Address: 888 DAHLIA LANE
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: THOMAS, ELIZABETH
Address: P.O. BOX 7138
City-St-Zip: VERO BEACH, FL 32961

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SUE RUX EDD 01/13/2004

Electronic Signature of Signing Officer or Director — Date