2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45972

FILED Apr 13, 2005 Secretary of State

Entity Name: HOMELESS FAMILY CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

720 4TH STREET

VERO BEACH, FL 32962 US

Current Mailing Address: New Mailing Address:

715 4TH PL

VERO BEACH, FL 32962 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUX, SUE ORTIZ, ROBERTO 715 4TH PLACE

SEBASTIAN, FL 32958 US VERO BEACH, FL 32962 US

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: ROBERTO ORTIZ 04/13/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 FAGAN, FRANK
 Name:

 Address:
 721 SHADY LAKE LANE
 Address:

 City-St-Zip:
 VERO BEACH, FL 32963
 City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

 Name:
 TIERNEY, THOMAS
 Name:

 Address:
 6755 4TH STREET
 Address:

 City-St-Zip:
 VERO BEACH, FL 32968
 City-St-Zip:

Title: 2VPD (X) Delete Title: () Change () Addition

 Name:
 EGAN, BRENNAN
 Name:

 Address:
 888 DAHLIA LANE
 Address:

 City-St-Zip:
 VERO BEACH, FL 32963
 City-St-Zip:

Name:FAVA, RICHARD JName:FAVA, RICHARD JAddress:1560 ST. DAVIDS LN.Address:5920 CLUBHOUSE DRIVECity-St-Zip:VERO BEACH, FL 32967City-St-Zip:VERO BEACH, FL 32967

 Name:
 THOMAS, ELIZABETH
 Name:
 THOMAS, ELIZABETH

 Address:
 P.O. BOX 7138
 Address:
 4100 N A1A # 133

 City-St-Zip:
 VERO BEACH, FL 32961
 City-St-Zip:
 FT. PIERCE, FL 34949

Title: EDD () Delete Title: EDD (X) Change () Addition

 Name:
 RUX, EXECUTIVE
 Name:
 ORTIZ, ROBERTO

 Address:
 117 HINCHMAN AVENUE
 Address:
 715 4TH PLACE

 City-St-Zip:
 SEBASTIAN, FL 32958
 City-St-Zip:
 VERO BEACH, FL 32962

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: RICHARD J. FAVA TD 04/13/2005