

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45972

FILED
Apr 23, 2007
Secretary of State

Entity Name: HOMELESS FAMILY 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 ()

Name and Address of Current Registered Agent:

ORTIZ, ROBERTO
715 4TH PLACE
VERO BEACH, FL 32962 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: FAGAN, FRANK
Address: 721 SHADY LAKE LANE
City-St-Zip: VERO BEACH, FL 32963

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

Title: TD () Delete
Name: FAVA, RICHARD J
Address: 5920 CLUBHOUSE DRIVE
City-St-Zip: VERO BEACH, FL 32967

Title: SD () Delete
Name: TROXELL, WILLIAM
Address: 916 ORCHID POINT WAY
City-St-Zip: VERO BEACH, FL 32963

Title: EDD () Delete
Name: ORTIZ, ROBERTO
Address: 715 4TH PLACE
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: TROXELL, WILLIAM
Address: 916 ORCHID POINT WAY
City-St-Zip: VERO BEACH, FL 32963

Title: TD (X) Change () Addition
Name: BOLINGER, ADAM
Address: 2006 SURFSIDE TERRACE
City-St-Zip: VERO BEACH, FL 32963

Title: SD (X) Change () Addition
Name: MCNALLY, ROBERT
Address: 522 BAY DRIVE
City-St-Zip: VERO BEACH, FL 32963

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 Chapter 119, 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: ROBERTO ORTIZ

EDD

04/23/2007

Electronic Signature of Signing Officer or Director

Date