FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000002423 (2)**

1. Corporate Name

HEALTH CARE CENTER FOR THE HOMELESS, INC.

Principal Place of Business	Mailing Address
639 W CENTRAL BLVD ORLANDO FL 32801	639 W CENTRAL BLVD ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1993
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3185020 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 11 N. Parramore Ave,	26 11 N. Parramore Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL 32801	City & State 28 Orlando, FL 32801
Zip / Country 24 32801 / 25	Zip / Country 29 32801 / 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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
POOLE, MICHAEL 639 W CENTRAL BLVD ORLANDO FL 32801	81 Name: Richard B. Dillard 82 Street Address (P.O. Box Number is Not Acceptable): 11 N. Parramore Ave. 83 84 City: Orlando, FL 32801 **FL** 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: R B Dillard Richard B. Dillard, President April 27, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS, IN 12	
TITLE	CD	TITLE	CD ☒ Change ☐ Addition
NAME	BAXLEY, RICHARD D	NAME	FARRELL, JAMES F. MD
STREET ADDRESS	3724 EDGEWATER DR	STREET ADDRESS	1814 LUCERNE TERR
CITY ST ZIP	ORLANDO FL	CITY ST ZIP	ORLANDO, FL
TITLE	VCD	TITLE	☒ Change ☐ Addition
NAME	FARRELL, JAMES F MD	NAME	(VACANT)
STREET ADDRESS	1814 LUCERNE TERR	STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	CITY ST ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	FONT, JORGE M	NAME	
STREET ADDRESS	390 N ORANGE AVE, STE 900	STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	CITY ST ZIP	
TITLE	TD	TITLE	☐ Change ☐ Addition
NAME	BAUDER, BRUCE J	NAME	
STREET ADDRESS	201 EAST PINE STREET, STE 550	STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	CITY ST ZIP	
TITLE	P	TITLE	P ☒ Change ☐ Addition
NAME	DILLARD, RICHARD B	NAME	DILLARD, RICHARD B
STREET ADDRESS	639 W CENTRAL BLVD.	STREET ADDRESS	11 N. PARRAMORE AVE
CITY ST ZIP	ORLANDO FL	CITY ST ZIP	ORLANDO, FL 32801
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		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)(i), 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: R B Dillard Richard B. Dillard, Pres. 4/27/95 407-839-1461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033328