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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # N93000002423 (2)

HEALTH CARE CENTER FOR THE HOMELESS, INC. Principal Place of Business Mailing Address									
Principal Place	e of Business	Mailing Address							
11 N PARRAMORE AVE. 11 N PARRAMORE ORLANDO FL 32801 ORLANDO FL 3280 US US									
US		US				3. Date incorporated or Qualified 05/27/1993	3a. D	ate of Last 05/01/	
2. Principal P	face of Business	2a. Mailing Address	1			4. FEI Number			Applied For
1		26				59-3185020			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	M		5 Additional Required
City & Stat	e	City & State				6. Election Campaign Financing		\$5.0	0 May Be
3		28			···-	Trust Fund Contribution		Adde	d to Fees
Zip 4	Country 25	Zip 29]	30 Cour	ntry		8. This corporation has liability for it			. 1 9 9.032,
<u></u>	9. Name and Address of Curre		[30]			Florida Statutes L 10. Name and Address of New R	Yes [
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DILŁARD, RICHARD B. 11 N. PARRAMORE AVE.				62 Str	reet Addres	ss (P.O. Box Number is Not Acceptab	le)		
	DO FL 32801		ŀ	83					
UNLAN	DO FE 32001								
				84 Cit	У		FL	85 Z	p Code
familiar w	ith, and accept the obligations of, Sec	ction 617.0503, Florida Statute	s.	orporation	on s board	tion submits this statement for the pur of directors. I hereby accept the appo	ontment as	registerec	agent. I am
SIGNATURE	Signature, typed or printed name of registered age:	rit and title if applicable. (N	DTE: Registered	Agent signa	ture required v	when reinstating)	DATE		
	Signature, typied or printed name of registered age: OFFICERS Af	nt and title II applicable. (N ND DIRECTORS	DTE: Registered	Agent signa	iture required v	when reinstating: ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	ORS IN 12
12.					····	ADDITIONS/CHANGES TO OFF	ICERS AND		DRS IN 12
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