

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000002423 (2)**

1. Corporation Name

HEALTH CARE CENTER FOR THE HOMELESS, INC.



Principal Place of Business

Mailing Address

**11 N PARRAMORE AVE.
ORLANDO FL 32801
US**

**11 N PARRAMORE AVE.
ORLANDO FL 32801
US**

3. Date Incorporated or Qualified
05/27/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-3185020

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

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

**DILLARD, RICHARD B.
11 N. PARRAMORE AVE.
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☒ DELETE
NAME **FARRELL, JAMES F. MD**
STREET ADDRESS **1814 LUCERNE TERER.**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **CD** ☒ Change ☐ Addition
1.2 NAME **Allen, J. Michael DDS**
1.3 STREET ADDRESS **375 S. Wymore, Apt. 101**
1.4 CITY-ST-ZIP **Altamonte Springs, FL 32714-5114**

TITLE **VCD** ☒ DELETE
NAME **FARRELL, JAMES F MD**
STREET ADDRESS **1814 LUCERNE TERR**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **VCD** ☒ Change ☐ Addition
2.2 NAME **Stone, Susan M., RN, MSN**
2.3 STREET ADDRESS **Valencia Comm. College, P.O. Box**
2.4 CITY-ST-ZIP **Orlando, FL 32802 3028 ("N/A")**

TITLE **SD** ☐ DELETE
NAME **FONT, JORGE M**
STREET ADDRESS **390 N ORANGE AVE, STE 900**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **BAUDER, BRUCE J**
STREET ADDRESS **201 EAST PINE STREET, STE 550**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **DILLARD, RICHARD B**
STREET ADDRESS **11 N PARRAMORE AVE.**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/15/96

407-839-1461

CR2E037 (12/95)