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Apr 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32801-2208  
US

3. Date Incorporated or Qualified  
05/27/1993

3a. Date of Last Report  
03/08/1996

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CD  
ALLEN, MICHAEL J DDS  
375 SOUTH WYMORE, APT. 101  
ALTAMONTE SPRING FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VCD  
STONE, SUSAN M RN  
VALENCIA COMM, COLLEGE, P.O. BOX 3208 N/A  
ORLANDO FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD  
FONT, JORGE M  
390 N ORANGE AVE, STE 900  
ORLANDO FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD  
BAUDER, BRUCE J  
201 EAST PINE STREET, STE 550  
ORLANDO FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
DILLARD, RICHARD B  
11 N PARRAMORE AVE.  
ORLANDO FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

CD  
Hamilton, Thomas MD  
Florida Hospital, 601 E. Rollins Street  
Orlando, FL 32803

Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

SD  
Dearden, Michael  
First Union Bank, 20 N. Orange Avenue  
Orlando, FL 32802

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing 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 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

Richard B. Dillard 4/14/97 407-478-6251

CR2ED37 (9/96)