

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002423

FILED  
Feb 27, 2004  
Secretary of State

**Entity Name:** HEALTH CARE CENTER FOR THE HOMELESS, INC.

**Current Principal Place of Business:**

234 N. ORANGE BLSP TR.  
ORLANDO, FL 32805 US

**New Principal Place of Business:**

**Current Mailing Address:**

234 N. ORANGE BLSP TR.  
ORLANDO, FL 32805 US

**New Mailing Address:**

**FEI Number:** 59-3185020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCGLONE, PAUL G  
234 N. ORANGE BLSP TR.  
ORLANDO, FL 32805 US

**Name and Address of New Registered Agent:**

BURNS, BAKARI F  
234 N. ORANGE BLSP TR.  
ORLANDO, FL 32805 US

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: BAKARI F. BURNS

02/27/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SAWYER, THOMAS MDJD  
Address: 8947 BAY COVE CT.  
City-St-Zip: ORLANDO, FL 32819

Title: TD ( ) Delete  
Name: BAUDER, BRUCE J  
Address: 1417 E. CONCORD ST.  
City-St-Zip: ORLANDO, FL 32803

Title: ED ( ) Delete  
Name: MCGLONE, PAUL G  
Address: 234 N. ORANGE BLSP  
City-St-Zip: ORLANDO, FL 32805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: SAWYER, THOMAS MDJD  
Address: 8947 BAY COVE CT.  
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CEO (X) Change ( ) Addition  
Name: BURNS, BAKARI F  
Address: 234 N. ORANGE BLSP  
City-St-Zip: ORLANDO, FL 32805

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BAKARI F. BURNS

CEO

02/27/2004

Electronic Signature of Signing Officer or Director

Date