

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002423

FILED  
Mar 23, 2006  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

232 N. ORANGE BLSM TR.  
ORLANDO, FL 32805 US

## Current Mailing Address:

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

## New Mailing Address:

232 N. ORANGE BLSM TR.  
ORLANDO, FL 32805 US

FEI Number: 59-3185020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

BURNS, BAKARI F  
232 N. ORANGE BLSM. 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

03/23/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CD ( ) 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: CEO ( ) Delete  
Name: BURNS, BAKARI F  
Address: 234 N. ORANGE BLSM  
City-St-Zip: ORLANDO, FL 32805

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CEO (X) Change ( ) Addition  
Name: BURNS, BAKARI F MPH  
Address: 232 N. ORANGE BLSM TR  
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 Chapter 119, 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

03/23/2006

Electronic Signature of Signing Officer or Director

Date