

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002423

FILED
Jan 10, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

232 N. ORANGE BLISM 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:

BURNS, BAKARI F
232 N. ORANGE BLISM. TR.
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: CEO () Delete
Name: BURNS, BAKARI F MPH
Address: 232 N. ORANGE BLISM TR
City-St-Zip: ORLANDO, FL 32805

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: MILLER, CLAIRE
Address: 200 N. LAKEMONT AVE.
City-St-Zip: WINTER PARK, FL 32792

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

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

Title: SECY () Change (X) Addition
Name: FITZGERALD, MIRANDA ESQ
Address: 215 N. EOLA DR.
City-St-Zip: ORLANDO, FL 32801

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

01/10/2007

Electronic Signature of Signing Officer or Director

Date