

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002423

FILED
Jan 22, 2010
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
Name: SCHOOLER, JOHN R
Address: 1414 KUHL AVENUE
City-St-Zip: ORLANDO, FL 32806 US

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

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

Title: SECY
Name: FITZGERALD, MIRANDA ESQ
Address: 215 N. EOLA DR.
City-St-Zip: ORLANDO, FL 32801 US

Title: VCD
Name: MORRIS, CLIFF
Address: 9130 PRISTINE DR.
City-St-Zip: ORLANDO, FL 32818 US

I hereby 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 all other like empowered.

SIGNATURE: BAKARI F. BURNS

CEO

01/22/2010

Electronic Signature of Signing Officer or Director

Date