

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002423

FILED
Jan 05, 2012
Secretary of State

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

Current Principal Place of Business:

232 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

232 N. ORANGE BLOSSOM TRAIL
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 BLOSSOM TRAIL
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: MORRIS, CLIFF C JR
Address: 9130 PRISTINE DRIVE
City-St-Zip: ORLANDO, FL 32818 US

Title: TD
Name: CROWE, KEITH MBA
Address: 14901 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837 US

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

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

Title: VCD
Name: GORDY, BRUCE DMD
Address: 1216 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804 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

01/05/2012

Electronic Signature of Signing Officer or Director

Date