

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001167

FILED
Apr 08, 2009
Secretary of State

Entity Name: I.M. SULZBACHER CENTER FOR THE HOMELESS, INC.

Current Principal Place of Business:

611 E ADAMS ST
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

611 E ADAMS ST
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-3229898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, AUDREY
611 EAST ADAMS ST
JACKSONVILLE, FL 32202 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: EDP () Delete
Name: MORAN, AUDREY
Address: 9356 RIVER PINE RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: PCD () Delete
Name: TAYLOR, JULIA
Address: 1200 RIVERPLACE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD () Delete
Name: CURRAN, DAN
Address: 1324 S. FLETCHER AVE.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VC () Delete
Name: CANNAN, TRICIA
Address: 24 MARIA PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: CD () Delete
Name: SPENCE, JEFF
Address: 1849 MALLORY STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: DS () Delete
Name: GEHLEN, MICHAEL
Address: 14000 CITICARDS WAY
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VC (X) Change () Addition
Name: GEHLEN, MIKE
Address: 14000 CITICARDS WAY
City-St-Zip: JACKSONVILLE, FL 32258

Title: TR (X) Change () Addition
Name: CURRAN, DAN
Address: 1324 S. FLETCHER AVE.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: CH (X) Change () Addition
Name: CANNAN, TRICIA
Address: 24 MARIA PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PCH (X) Change () Addition
Name: SPENCE, JEFF
Address: 1849 MALLORY STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: VC (X) Change () Addition
Name: GEHLEN, MICHAEL
Address: 14000 CITICARDS WAY
City-St-Zip: JACKSONVILLE, FL 32258

I hereby certify that the information supplied with this filing does not qualify 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: AUDREY MCKIBBIN MORAN

EDP

04/08/2009

Electronic Signature of Signing Officer or Director

Date