

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001167

FILED
Jan 28, 2011
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
Name: MORAN, AUDREY
Address: 9356 RIVER PINE RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: CH
Name: ARROWSMITH, JOHN
Address: 3257 OLD BARN ROAD WEST
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TR
Name: MILLER, JAMES A
Address: 10739 DEERWOOD PARK BLVD STE100
City-St-Zip: JACKSONVILLE, FL 32256

Title: VC
Name: SCHEU, BILL
Address: 2970 ST JOHN'S AVE #8G
City-St-Zip: JACKSONVILLE, FL 32205

Title: SC
Name: SPILLER, JUSTIN
Address: 400 EAST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: PC
Name: GEHLEN, MICHAEL
Address: 14000 CITICARDS WAY
City-St-Zip: JACKSONVILLE, FL 32258

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: AUDREY MCKIBBIN MORAN

CEO

01/28/2011

Electronic Signature of Signing Officer or Director

Date