

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000001998 (2)**

1. Corporation Name

**NATIONAL ORGANIZATION ASSISTING THE HOMELESS CORP.**



Principal Place of Business

Mailing Address

**287 EUCLID AVE.  
DAYTONA BEACH FL 32118-3410**

**287 EUCLID AVE.  
DAYTONA BEACH FL 32118-3410**

3. Date Incorporated or Qualified

**04/26/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-331 6162**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, EMILIE C  
287 EUCLID AVE.  
DAYTONA BEACH FL 32118-3410**

81

Name

**Louis Lavigne**

82

Street Address (P.O. Box Number is Not Acceptable)

**1425 Mollie Rd.**

83

**Daytona Beach, Fl. 32114**

84

City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, EMILIE C	
STREET ADDRESS	287 EUCLID AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118-3410	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VANCE, LARRY R	
STREET ADDRESS	287 EUCLID AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118-3410	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ANTHONY W	
STREET ADDRESS	287 EUCLID AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118-3410	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAVIGNE, LOUIS A	
STREET ADDRESS	1425 MOLLIE RD.	
CITY-ST-ZIP	DAYTONA BCH. FL 32114	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marjorie Lavigne	
1.3 STREET ADDRESS	1425 Mollie Rd	
1.4 CITY-ST-ZIP	Daytona Beach, Fl. 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Scanlan	
2.3 STREET ADDRESS	154 Sue Dr.	
2.4 CITY-ST-ZIP	Altamonte Springs, Fl. 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Louis Lavigne	
4.3 STREET ADDRESS	1425 Mollie Rd.	
4.4 CITY-ST-ZIP	Daytona Beach, Fla. 32114	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)