FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State ,
DIVISION OF CORPORATIONS

1997 DOCUMENT #

N96000000705 (1)

AMERICAN HOMELESS MISSIONS, INC.

Principal Place of Business

Mailing Address

2509 F. COLONIAL DRIVE STE 1

2509 E. COLONIAL DRIVE STE 1

FILED Jun 19 1997 8:00am Secretary of State

|--|--|

| ORL | ANDO FL 3 | 2803 | | ORLANDO FL 32803-5020 | | | | | | | | | | | | |
|--|--|------------------------|-------------------------------------|--------------------------|--------------------|----------|--|-----------------|---|--|--------------------------------|------------|-------------------------|--|-------|---------|
| | | | | | | | | | | 3. Date Incorporated or Qualified 02/06/1996 | 3a. Date | of Last R | eport | | | |
| 2. | Principal P | ace of Busi | ness | 2a. Mailing Address | | | | | , | 4. FEI Number | | Ar | oplied For | | | |
| 21 | 1890 F | PROVIDE | NCE BLVD. | 26 1890 PROVIDENCE BLVD. | | | | ND. | | #54-3197366 | | | ot Applicable | | | |
| | Suite, Apt. | | | Suite, Apt. #, etc. L254 | | | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | | | |
| | City & Stat | e DETTO | NA,FL. 32725 | City & State | | | | |) E | 6. Election Campaign Financing | | \$5.00 | May Be | | | |
| 23 | | • | | | • | | • 28 DEDIC | | | ONA, FL. 32725 | | <u> </u> | Trust Fund Contribution | | Added | to Fees |
| _ | Zip 32 | 32725 Country Zip | | | | \vdash | Country VOLUSIA | | | 8. This corporation has liability for in | | | . 199.032 | | | |
| 24 | | | 25 VOLUSIA | 29 | 32725 | 30 | \OTO21 | LA | Florida Statutes 10. Name and Address of New Reg | Yes XI | | | | | | |
| 9, Name and Address of Current Registered Agent 10, Name 81 Name | | | | | | | | | | 10. Name and Address of New Ne | gistered Age | 7111 | | | | |
| SPORN, MARK 1890 PROVIDENCE BLVD. L254 GELTONA, FL. 32725 | | | | | | 82 83 | MARK SPORN Street Address (P.O. Box Number is Not Acceptable) 1890 PROVIDENCE BLVD. L254 1890 PROVIDENCE B3 DELTONA, FL. 32725 | | | | | | | | | |
| | | | | | | | | | | I | | | | | | |
| 11. | 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 | | | | | | | | | | | | | | | |
| | 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. | | | | | | | | | | | | | | | |
| | NATURE . | MAKK | SPORN CYTY | 9^V/ | CARTINE. | シュノ | | | | | 4-10- | 97 | | | | |
| <u> </u> | | Signature, typed | or printed name of registered agent | | | | | ent signature i | required | when reinstating) | DATE | DECTOR | C 1k1 42 | | | |
| 12. TITL | | TO South | OFFICERS AND | JINECTO | DELETE DELETE | | 3. 1 TITLE | | - | ADDITIONS/CHANGES TO OFFIC | | Change | Addition | | | |
| | _ | | 14.2V | | C DECEME | | 2 NAME | | 4 | KECIOPEN DIVI | 150 | Juliange | Ta yourion | | | |
| NAME MARK SPORN | | | | | | | | ADDRESS | - } \ | 12 L 20 19 19 19 19 19 19 19 19 19 19 19 19 19 | C 4/2 | <i>i</i> - | { | | | |
| STREET ADDRESS 1890 PROVIDENCE BLVD. L254 CITY-ST-ZIP DELTONA, FL. 32725 | | | | | | | | | 1 | 6,140,40,41,64,04,1,6 | 2 | | Į į | | | |
| TITL | -ST-ZIP | | | | DELETE | | 4 CITY - S 1 TITLE | 51-ZIP | 7 | nedak | - - | Change | T 4Addition | | | |
| 1 | | | RESIDENT | | □ perrur | | 2 NAMÉ | | X | LE SPORTONO Blud. | JYXCY _ | i Olialigo | L Addition | | | |
| NAM | - | ELIZABETH SPORN | | | | | | | 18 | | | | | | | |
| | EET ADDRESS | | ROVIDENCE BLVD | . LZ: | 04 | | 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP | | | 170mel, 3272 | (2 | | | | | |
| TITL | '-ST-ZIP | | A,FL. 32725 | | DELETÉ | | 4 CHY-: | S1-ZIP | 4 | | | Change | □ Addition | | | |
| | | SECRE | | | - OFFER | | 2 NAME | | D | sector. | | Olidingo | La riodition | | | |
| NAN | - | MARK SPORN | | | | | | | 73 | in 25 million OB(NO-1 | C42A | | | | | |
| i | EET ADDRESS | | PROVIDENCE BLVI | .L25 | 4 | | | ADDRESS | 18 | 6768 PY 4110 FM |) (" | | | | | |
| | r-ST-ZiP | DELTO | va, fl. 32725 — | | DELETE | | 4. CITY - : 1 TITLE | ST-ZIP | مولا | Did my fact: | <u>ν</u> – | Change | Addition | | | |
| TITL | | TREAS | | | | | 2 NAME | | X | DIREGOR | L | Ontango | 1 | | | |
| NAV | | | BETH SPORN | | | | | ADDRESS | £ | Craboth SPORN | ·1 / | | | | | |
| | EET ADDRESS | 1890 I | PROVIDENCE BLVI | . L | 254 | | - + | | 1,8 | 90 Providere Black | 29 | | | | | |
| TITL | r-ST-ZIP | deltor | na, FL. 32725 | | DELETE | | 4 CITY - S 1 TITLE | 51-ZIP | -10 | RUDNAL FU. 32 125 | • | Change | Addition | | | |
| NAM | _ | DIRECT | ror | | L DITTIC | - | 2 NAME | | | | _ | i Diango | | | | |
| | - | PAUL 3 | | | | 1 | | ADDRESS | | | | | | | | |
| | EET ADDRESS ' '-st-zip | 1890 I | PROVIDENCE BLVI | . L2 | 54 | 1 | a aineei 4 City - S | | • | | | | | | | |
| TITL | | | NA,FL. 32725 | | DELETE | | 9 UNT-8 1 TITLE | 51-217 | | | | Change | Addition | | | |
| NAN | | | WITCH. JEIEJ | | | | 2 NAME | | | | L | , vge | | | | |
| | | | | | | | | ADDRESS | | | | | | | | |
| | EET ADDRESS | | | | | | | | | | | | | | | |
| | /-ST-ZIP | ov ce rtify the | t the information supplied | vith this | filing does not an | | 4 CITY - S he exe | | ated i | n Section 119.07(3)(i), Florida Statutes | s. I further ce | rtify 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, or on an attachment with an address. | | | | | | | | | | | | | | | | |