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# FILED
# Mar 22, 1999 8:00 am
# Secretary of State

03-22-1999 90138 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

301709 - 90078 - 3

## DOCUMENT # N98000000332

1. Corporation Name
HOMELESS CLOTHING MINISTRIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 711 S. 3RD ST., SUITE 12<br>JACKSONVILLE FL 32250 | 711 S. 3RD ST., SUITE 12<br>JACKSONVILLE FL 32250 |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
|---|---|---|
| 21 Same | 26 Same | 01/20/1998 |
| 22 Suite/Apt. #, etc. #14 ← change | 27 Suite/Apt. #, etc. #14 ← change | 4. FEI Number 59-3486546 ☐ Applied For ☐ Not Applicable |
| 23 City & State | 28 City & State | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required |
| 24 Zip / 25 Country | 29 Zip / 30 Country | 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| HUGHES, LAURA<br>1600 SHETTER AVE., APT. 302<br>JACKSONVILLE FL 32250 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | HUGHES, WILSON L | | 1.2 NAME | |
| STREET ADDRESS | 1600 SHETTER AVE., APT. 302 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32250 | | 1.4 CITY-ST-ZIP | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | STRITCH, GREGORY S | | 2.2 NAME | |
| STREET ADDRESS | 574 CARINE LANE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | | 2.4 CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | STRITCH, MARY D | | 3.2 NAME | |
| STREET ADDRESS | 574 CARINE LANE | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | | 3.4 CITY-ST-ZIP | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | HUGHES, LAURA V | | 4.2 NAME | |
| STREET ADDRESS | 1600 SHETTER AVE., APT. 302 | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32250 | | 4.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | LEE, ROGER B | | 5.2 NAME | |
| STREET ADDRESS | 422 16TH AVE. N. | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32250 | | 5.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | LEE, CAROL M | | 6.2 NAME | |
| STREET ADDRESS | 422 16TH AVE. N. | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32250 | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Laurie O'Neal REQUIRED — 1-904-249-0826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)