

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002423

Entity Name: HEALTH CARE CENTER FOR THE HOMELESS, INC.**Current Principal Place of Business:**232 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805**Current Mailing Address:**232 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 US**FEI Number:** 59-3185020**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BURNS, BAKARI F
232 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 US*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

Officer/Director Detail :

Title DIRECTOR
Name GORDY, C B DR.
Address 1216 EDGEWATER DR.
City-State-Zip: ORLANDO FL 32804

Title SECY
Name WILLIAMS, SELENA
Address 7047 HICKORY BRANCH CIRCLE
City-State-Zip: ORLANDO FL 32818

Title DIRECTOR
Name PIERRE, ARSENEC
Address 232 N ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL

Title DIRECTOR
Name MORRIS, CLIFFORD JR.
Address 232 N. ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32805

Title PRESIDENT / CEO
Name BURNS, BAKARI F MPH MBA
Address 232 N. ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32805

Title CHAIRMAN
Name RIMES, JASON S ESQ.
Address 215 N EOLA DRIVE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name CAROL, STEWART
Address 232 N. ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR
Name SERRANO, ESMERALDE
Address 232 N. ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32805

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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: BAKARI F. BURNS**PRESIDENT & CEO****02/02/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BOOKHARDT, OLA
Address 232 N. ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR
Name GLOVER, FLORENTINE
Address 232 N. ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32805