

**2019 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           | CD                          | Title           | TD                            |
| Name            | GORDY, C B DR.              | Name            | CROWE, KEITH MBA              |
| Address         | 1216 EDGEWATER DR.          | Address         | 14901 S. ORANGE BLOSSOM TRAIL |
| City-State-Zip: | ORLANDO FL 32804            | City-State-Zip: | ORLANDO FL 32837              |
| Title           | PRESIDENT / CEO             | Title           | SECY                          |
| Name            | BURNS, BAKARI F MPH MBA     | Name            | WILLIAMS, SELENA              |
| Address         | 232 N. ORANGE BLOSSOM TRAIL | Address         | 7047 HICKORY BRANCH CIRCLE    |
| City-State-Zip: | ORLANDO FL 32805            | City-State-Zip: | ORLANDO FL 32818              |
| Title           | VCD                         | Title           | DIRECTOR                      |
| Name            | RIMES, JASON S ESQ.         | Name            | ARIAS, ANTONIO O.             |
| Address         | 215 N EOLA DRIVE            | Address         | 232 N. ORANGE BLOSSOM TRAIL   |
| City-State-Zip: | ORLANDO FL 32801            | City-State-Zip: | ORLANDO FL 32805              |
| Title           | DIRECTOR                    | Title           | DIRECTOR                      |
| Name            | PIERRE, ARSENEC             | Name            | CAROL, STEWART                |
| Address         | 232 N ORANGE BLOSSOM TRAIL  | Address         | 232 N. ORANGE BLOSSOM TRAIL   |
| City-State-Zip: | ORLANDO FL                  | 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****02/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name BOOKHARDT, OLA  
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

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