

2015 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	1415 HIGH GROVE WAY
City-State-Zip:	ORLANDO FL 32805	City-State-Zip:	ORLANDO FL 32818
Title	VCD		
Name	RIMES, JASON S ESQ.		
Address	215 N EOLA DRIVE		
City-State-Zip:	ORLANDO FL 32801		

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

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date