

**2013 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  
Name GORDY, C B DR.  
Address 1216 EDGEWATER DR.  
City-State-Zip: ORLANDO FL 32804

Title TD  
Name CROWE, KEITH MBA  
Address 14901 S. ORANGE BLOSSOM TRAIL  
City-State-Zip: ORLANDO FL 32837

Title CEO  
Name BURNS, BAKARI FMPH  
Address 232 N. ORANGE BLOSSOM TRAIL  
City-State-Zip: ORLANDO FL 32805

Title SECY  
Name WILLIAMS, SELENA  
Address 1415 HIGH GROVE WAY  
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

**CEO**

**01/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date