

2025 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	CHAIRMAN
Name	GORDY, C B DR.
Address	1216 EDGEWATER DR.
City-State-Zip:	ORLANDO FL 32804

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

Title	SECY
Name	LOVE, MCGREGOR
Address	215 S EOLA DR
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	MORRIS, CLIFFORD JR.
Address	232 N. ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32805

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

Title	TREASURER
Name	INGRAM, COY
Address	900 WINDERLY PLACE, STE 2100
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	BRADFORD, SEAN
Address	4095 W. WASHINGTON ST.
City-State-Zip:	ORLANDO FL 32805

Continues on page 2

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 BURNS**PRESIDENT****05/01/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name TURNER, DIONNE
Address 4001 KIRKLAND
City-State-Zip: ORLANDO FL 32811