2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001371

FILED Apr 12, 2008 Secretary of State

Entity Name: DESOTO COUNTY HOMELESS COALITION, INC.

Current Principal Place of Business: New Principal Place of Business:

1277 SE FIRST AVENUE ARCADIA, FL 34266

Current Mailing Address: New Mailing Address:

P.O. BOX 271 P.O. BOX 271 ARCADIA, FL 34265 ARCADIA, FL 34265

FEI Number: 13-4334023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GILCHRIST, VALERIE 1277 SE FIRST AVENUE ARCADIA, FL 34266 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: () Change () Addition Name: GILCHRIST, VALERIE Name:

 Name:
 GILCHRIST, VALERIE
 Name:

 Address:
 1277 SE FIRST AVENUE
 Address:

 City-St-Zip:
 ARCADIA, FL 34266
 City-St-Zip:

Title: V () Delete Title: V (X) Change () Addition Name: BODEM, BOB Name: VAUGHN, NANCY J

Address: 133 NORTH MARSHALL Address: 830 N. JOHNSON AVENUE
City-St-Zip: ARCADIA, FL 34266 City-St-Zip: ARCADIA, FL 34266

Title: S () Delete Title: S (X) Change () Addition Name: SAN LUIS, ROBERT Name: MARES, JANICE

Address: 5 STIRRUP WAY Address: 208 E. CYPRESS STREET
City-St-Zip: ARCADIA, FL 34266 City-St-Zip: ARCADIA, FL 34266

Title: T () Delete Title: T (X) Change () Addition

 Name:
 HINIKER, ROBERT
 Name:
 THOMAS, CAROLYN

 Address:
 P.O. BOX 231
 Address:
 P.O. BOX 802

 City-St-Zip:
 ARCADIA, FL 34266
 City-St-Zip:
 ARCADIA, FL 34265

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VALERIE GILCHRIST PT 04/12/2008