2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001371

FILED Apr 06, 2009 Secretary of State

Entity Name: DESOTO COUNTY HOMELESS COALITION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	FIRST AVENUE , FL 34266	:			
Current Mailing Address:			New Maili	New Mailing Address:	
P.O. BOX ARCADIA	271 , FL 34265				
FEI Number	: 13-4334023	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired (X)	
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
1277 SE F	ST, VALERIE FIRST AVENUE , FL 34266 I	: US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both	
SIGNATU	RE:				
		ic Signature of Registered Age	 ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	PT () GILCHRIST, VA 1277 SE FIRST ARCADIA, FL 3	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VAUGHN, NANC 830 N. JOHNSC	ON AVENUE	Title: Name: Address:	() Change () Addition	
Address: City-St-Zip:	ARCADIA, FL 3	34200	City-St-Zip:		
City-St-Zip: Fitle: Name: Address:		Delete E SS STREET	City-St-Zip: Title: Name: Address: City-St-Zip:	()Change()Addition	
	S () MARES, JANICI 208 E. CYPRES ARCADIA, FL 3	Delete E SS STREET 34266 Delete DLYN	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition T (X) Change () Addition MIMBS, KAREN 1713 E. OAK STREET ARCADIA, FL 34265	
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	S () MARES, JANICI 208 E. CYPRES ARCADIA, FL 3 T () THOMAS, CARC P.O. BOX 802 ARCADIA, FL 3	Delete E SS STREET 34266 Delete DLYN 34265 Delete TER T PASTOR REET	Title: Name: Address: City-St-Zip: Title: Name: Address:	T (X) Change () Addition MIMBS, KAREN 1713 E. OAK STREET	

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 P 04/06/2009