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FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08179 (6)

1. Corporation Name

MIAMI COALITION FOR THE HOMELESS, INC.



Principal Place of Business

Mailing Address

220 MIRACLE MILE
SUITE 216
CORAL GABLES FL 33134
US220 MIRACLE MILE
SUITE 216
CORAL GABLES FL 33134-5909
US3. Date Incorporated or Qualified
03/15/19853a. Date of Last Report
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2521237Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUCY, GALE D
220 MIRACLE MILE
SUITE 216
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME GRASSIE, YVONNE
STREET ADDRESS ~~3141 COMODORE PLAZA~~
CITY - ST - ZIP MIAMI FL 3313311 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS 2597 Trapp Ave
14 CITY - ST - ZIPTITLE S ☐ DELETE
NAME PANJWANI, ANDREA
STREET ADDRESS 3000 BISCAYNE BLVD, SUITE 500
CITY - ST - ZIP MIAMI FL21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIPTITLE TD ☐ DELETE
NAME REGESTER, PATRICIA
STREET ADDRESS 227 NE 17 STREET
CITY - ST - ZIP MIAMI FL 3313231 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIPTITLE D ☐ DELETE
NAME DANIEL, LOREN
STREET ADDRESS 5850 NW 32ND AVE.
CITY - ST - ZIP MIAMI FL41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIPTITLE VP ☐ DELETE
NAME DANIEL, LOREN
STREET ADDRESS 5850 NW 32ND AVENUE
CITY - ST - ZIP MIAMI FL51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

YVONNE GRASSIE

3/6/97 (305) 285-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027126

CR2E037 (9/96)