

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08179

FILED
Jan 06, 2004
Secretary of State**Entity Name:** MIAMI COALITION FOR THE HOMELESS, INC.**Current Principal Place of Business:**2125 BISCAYNE BOULEVARD
225
MIAMI, FL 33137 US**New Principal Place of Business:****Current Mailing Address:**2125 BISCAYNE BOULEVARD
225
MIAMI, FL 33137 US**New Mailing Address:****FEI Number:** 59-2521237 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GRASSIE, YVONNE G
3916 IRVINGTON AVE
MIAMI, FL 33133 US**Name and Address of New Registered Agent:**

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:**Title:** P/D () Delete
Name: GRASSIE, YVONNE G
Address: 3916 IRVINGTON AVENUE
City-St-Zip: MIAMI, FL 33133 US**Title:** V/D () Delete
Name: GOLIK, OLGA
Address: 9401 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33138 US**Title:** S/D () Delete
Name: WHITEHEAD, LINDA
Address: PO BOX 016700
City-St-Zip: MIAMI, FL 33101 US**Title:** T/D () Delete
Name: ROSENBERG, ARTHUR J
Address: 3000 BISCAYNE BLVD STE 450
City-St-Zip: MIAMI, FL 33137 US**Title:** D () Delete
Name: DE LA CRUZ, SAN JUANITA
Address: 1500 BISCAYNE BLVD STE 335
City-St-Zip: MIAMI, FL 33132 US**Title:** D () Delete
Name: FERNANDEZ, ISABEL
Address: 200 S. BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33131 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: YVONNE G. GRASSIE

P/D

01/06/2004

Electronic Signature of Signing Officer or Director

Date