## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000008010

FILED Feb 15, 2007 Secretary of State

Entity Name: THE VOLUSIA/FLAGLER COUNTY COALITION FOR THE HOMELESS, INC.

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

HOMELESS ASSISTANCE CENTER 324 NORTH STREET

316 NORTH ST. DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114

Current Mailing Address: New Mailing Address:

PO BOX 6498

DAYTONA BEACH, FL 32122

FEI Number: 16-1649078 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:

ROBERTS, LINDSEY ROBERTS, LINDSAY J E.D.

316 NORTH ST. 324 NORTH ST.

DAYTONA BEACH, FL 32114 US DAYTONA BEACH, FL 32114 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: LINDSAY ROBERTS 02/15/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: S/D ( ) Delete Title: S/D (X) Change ( ) Addition

Name: CHRISTEN, DIANA Name: KING, ROBIN Address: 316 NORTH ST. Address: 324 NORTH ST.

City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DAYTONA BEACH, FL 32114

 Name:
 CROY, RANDY
 Name:
 CROY, RANDY

 Address:
 316 NORTH ST.
 Address:
 324 NORTH ST.

City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DAYTONA BEACH, FL 32114

Title: V/D ( ) Delete Title: V/D (X) Change ( ) Addition Name: HUTCHINS, SUSAN Name: SCHAEFFER, DEANNA

Address: 316 NORTH ST. Address: 324 NORTH ST.

City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DAYTONA BEACH, FL 32114

Title: P/D ( ) Delete Title: P/D (X) Change ( ) Addition

 Name:
 MYERS, PATRICK
 Name:
 CAPLAN, SUSAN

 Address:
 316 NOTH ST.
 Address:
 324 NORTH ST.

City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN CAPLAN PRES 02/15/2007