

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008010

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

324 NORTH STREET
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

PO BOX 6498
DAYTONA BEACH, FL 32122

New Mailing Address:

FEI Number: 16-1649078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, LINDSAY J E.D.
324 NORTH ST.
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

SCHEFSTAD, ANTHONY J EXEC.D.
324 NORTH ST.
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: ANTHONY J. SCHEFSTAD

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S/D () Delete
Name: CROY, RANDY
Address: 324 NORTH ST.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T/D () Delete
Name: HAGSTROM, TIMOTHY
Address: 324 NORTH ST.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: V/D () Delete
Name: SCHAEFFER, DEANNA
Address: 324 NORTH ST.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: P/D () Delete
Name: CAPLAN, SUSAN
Address: 324 NORTH ST.
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CAPLAN, SUSAN
Address: 324 NORTH ST.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP (X) Change () Addition
Name: GROODY, SALLYANN
Address: 324 NORTH ST.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SECT (X) Change () Addition
Name: SCHAEFFER, DEANNA
Address: 324 NORTH ST.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TREA (X) Change () Addition
Name: HAGSTROM, TIMOTHY J
Address: 324 NORTH ST.
City-St-Zip: DAYTONA BEACH, FL 32114

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: SUSAN CAPLAN

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date