

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36104

FILED
Mar 29, 2011
Secretary of State

Entity Name: FLORIDA COALITION FOR THE HOMELESS, INC.

Current Principal Place of Business:

545 EAST TENNESSEE STREET
SUITE 100A
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

2952 WELLINGTON CIRCLE
TALLAHASSEE, FL 32309 US

Current Mailing Address:

P.O. BOX 3764
TALLAHASSEE, FL 32315 US

New Mailing Address:

2952 WELLINGTON CIRCLE
TALLAHASSEE, FL 32309 US

FEI Number: 59-2981086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CERRATO-DOMINGUEZ, MICHELLE
3550 BISCAYNE BLVD.
SUITE 610
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

HUBBARD, LOUISE
2525 ST LUCIE AVENUE
VERO BEACH, FL 32960 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: LOUISE HUBBARD

03/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: MARTIN, RICHARD
Address: 1445 2ND STREET
City-St-Zip: SARASOTA, FL 34236

Title: DV
Name: EDWARDS, SUZANNE
Address: 258 NW BURK AVENUE
City-St-Zip: LAKE CITY, FL 32055

Title: DT
Name: HUBBARD, LOUISE
Address: 2525 ST LUCIE AVENUE
City-St-Zip: VERO BEACH, FL 32960

Title: DS
Name: WHEELER, BARBARA
Address: PO BOX 1527
City-St-Zip: EUSTIS, FL 32727

I hereby 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 all other like empowered.

SIGNATURE: LOUISE HUBBARD

DT

03/29/2011

Electronic Signature of Signing Officer or Director

Date