

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008010

Entity Name: THE VOLUSIA/FLAGLER COUNTY COALITION FOR THE HOMELESS, INC.**FILED**
Mar 06, 2014
Secretary of State
CC6470968230**Current Principal Place of Business:**101 N WOODLAND BLVD
STE 401
DELAND, FL 32721**Current Mailing Address:**PO BOX 444
DELAND, FL 32721-0444 US**FEI Number: 16-1649078****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HAMILTON, LISA AEX. DIR
101 N WOODLAND BLVD
STE 401
DELAND, FL 32721 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:** LISA A. HAMILTON**03/06/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	CAMPBELL, SHELLY
Address	101 N WOODLAND BLVD STE 401
City-State-Zip:	DELAND FL 32721

Title	VP
Name	EXTROM, MILISSA
Address	101 N WOODLAND BLVD STE 401
City-State-Zip:	DELAND FL 32721

Title	SECT
Name	WHITE, JEFF
Address	101 N WOODLAND BLVD STE 401
City-State-Zip:	DELAND FL 32721

Title	TREA
Name	SALAZAR, RAY
Address	101 N WOODLAND BLVD STE 401
City-State-Zip:	DELAND FL 32721

Title	EXECUTIVE DIRECTOR
Name	HAMILTON, LISA A.
Address	101 N. WOODLAND BLVD. SUITE 401
City-State-Zip:	DELAND FL 32721

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: LISA A. HAMILTON**EXECUTIVE DIRECTOR****03/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date