

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008010

**Entity Name:** THE VOLUSIA/FLAGLER COUNTY COALITION FOR THE HOMELESS, INC.**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC5673333639****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**01/09/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title	VP
Name	MORELEWICZ, JIM
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	GROODY, SALLY ANN
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****01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date