

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

DOCUMENT# N08179

**Entity Name:** MIAMI COALITION FOR THE HOMELESS, INC.**Current Principal Place of Business:**140 WEST FLAGLER  
SUITE 105  
MIAMI, FL 33130**Current Mailing Address:**140 WEST FLAGLER  
SUITE 105  
MIAMI, FL 33130 US**FEI Number:** 59-2521237**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**IBARRA, BARBARA  
140 WEST FLAGLER  
SUITE 105  
MIAMI, FL 33130 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:** BARBARA IBARRA

03/10/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title IMMEDIATE PAST PRESIDENT  
Name VIGUES-PITAN, MONICA  
Address 11285 SW 211 STREET  
SUITE 302  
City-State-Zip: MIAMI FL 33189

Title VP  
Name BARROS, MARIA C  
Address 2450 TEQUESTA LANE  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name TAYLOR, CURTIS  
Address 219 NW 10TH STREET  
APT. # 10  
City-State-Zip: MIAMI FL 33136

Title TREASURER  
Name BRUNSON, ANTHONY  
Address 801 BRICKELL AVE  
SUITE 900  
City-State-Zip: MIAMI FL 33131

Title PRESIDENT  
Name PITTMAN, JASON  
Address PO BOX 01-3279  
City-State-Zip: MIAMI FL 33101

Title DIRECTOR  
Name ROMANI, BARBARA L  
Address 8750 NW 36TH STREET  
7TH FLOOR  
City-State-Zip: DORAL FL 33178

Title SECRETARY  
Name ALOUPIS, VANCE  
Address THE CHILDREN'S MOVEMENT OF  
FLORIDA  
3250 SW THIRD AVE  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name CASTILLA, ANA  
Address TD BANK  
255 ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33134

**Continues on page 2**

*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:** BARBARA IBARRA

EXECUTIVE DIRECTOR

03/10/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEDERMAN, CINDY JUDGE  
Address 11TH JUDICIAL CIRCUIT COURT  
3300 NW 27TH AVE ROOM 201  
City-State-Zip: MIAMI FL 33142

Title EXECUTIVE DIRECTOR  
Name IBARRA, BARBARA  
Address 140 WEST FLAGLER  
SUITE 105  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR  
Name AUSTIN, ALISON  
Address 1140 NW 58TH ST  
City-State-Zip: MIAMI FL 33127

Title DIRECTOR  
Name MAGINLEY, DONNOVAN  
Address 801 BRICKELL AVE  
SUITE 1050  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name POWER, BENJI  
Address 777 NE 62 ST  
APT C500  
City-State-Zip: MIAMI FL 33138

Title DIRECTOR  
Name BREWSTER, LUTHER DR.  
Address 3000 NE 151 STREET  
AC1 ROOM 238 NORTH  
City-State-Zip: MIAMI FL 33181

Title DIRECTOR  
Name MAGGIANO, GREY REV.  
Address 2360 SW 23RD AVE  
City-State-Zip: MIAMI FL 33145