

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009338

**Entity Name:** SPOTLIGHT ON HOMELESSNESS, INC.

**Current Principal Place of Business:**

C/O JOHN P MARINELLI, ESQ  
11924 W FOREST HILL BLVD, STE 10A-401  
WEST PALM BEACH, FL 33414

**Current Mailing Address:**

C/O JOHN P MARINELLI, ESQ  
11924 W FOREST HILL BLVD, STE 10A-401  
WEST PALM BEACH, FL 33414 US

**FEI Number:** 47-5185395

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARINELLI, JOHN P ESQ  
LAW OFFICES OF JOHN P MARINELLI, LLC  
11924 W FOREST HILL BLVD, STE 10A-401  
WEST PALM BEACH, FL 33414 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:** JOHN P. MARINELLI

06/13/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EDP  
Name MARINELLI, ROBERT J  
Address 5107 ROSEMEAD BLVD, UNIT 28  
City-State-Zip: SAN GABRIEL CA 91776

Title DVPT  
Name TROXEL, SARAH  
Address 5107 ROSEMEAD BLVD, UNIT 28  
City-State-Zip: SAN GABRIEL CA 91776

Title D  
Name ROY, JONELLE  
Address 11924 W FOREST HILL BLVD, STE  
10A-401  
City-State-Zip: WEST PALM BEACH FL 33414

*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:** ROBERT JOHN MARINELLI

**DIRECTOR**

06/13/2018

Electronic Signature of Signing Officer/Director Detail

Date