

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28161

**Entity Name:** THE HOMELESS COALITION OF PALM BEACH COUNTY, INC.**Current Principal Place of Business:**810 DATURA STREET  
WEST PALM BEACH, FL 33401**Current Mailing Address:**810 DATURA STREET  
WEST PALM BEACH, FL 33401 US**FEI Number:** 65-0125852**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MUNOZ, MARILYN  
810 DATURA STREET  
WEST PALM BEACH, FL 33401 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRES
Name	GOODMAN, PAMELA
Address	3603 N. OCEAN BLVD.
City-State-Zip:	GULFSTREAM FL 33483

Title	SECR
Name	CARLO, TISH
Address	5300 EAST AVENUE
City-State-Zip:	WEST PALM BEACH FL 33407

Title	VP
Name	ION, BRENT
Address	2515 SAN PEITRO CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	TREASURER
Name	CEREZO, CARLOS
Address	301 N. OLIVE AVENUE
City-State-Zip:	WEST PALM BEACH FL 33401

Title	TREASURER
Name	CEREZO, CARLOS
Address	301 N. OLIVE AVENUE
City-State-Zip:	WEST PALM BEACH FL 33401

*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:** PAMELA GOODMAN**BOARD PRESIDENT****04/29/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date