

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002601

FILED
Jan 26, 2009
Secretary of State

Entity Name: ROCKY MOUNTAIN HUMAN SERVICES COALITION, INC.

Current Principal Place of Business:

1389 STUART STREET
DENVER, CO 80204 US

New Principal Place of Business:

Current Mailing Address:

1389 STUART STREET
DENVER, CO 80204 US

New Mailing Address:

FEI Number: 84-1193437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFFER, JO L
1500 W. BEACH DR.
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAFFER, JOHN E
Address: 1389 STUART STREET
City-St-Zip: DENVER, CO 80204 US

Title: C () Delete
Name: ANGUS, LARRY
Address: 15697 W 1ST AVE
City-St-Zip: GOLDEN, CO 80401 US

Title: VC () Delete
Name: WEAVER, LOU
Address: 1034 W. 8TH ST.
City-St-Zip: PANAMA CITY, FL 32401 US

Title: S/T () Delete
Name: SHAFFER, JO
Address: 1500 W. BEACH DR.
City-St-Zip: PANAMA CITY, FL 32401 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: SHAFFER, JO L
Address: 1500 W. BEACH DR.
City-St-Zip: PANAMA CITY, FL 32401 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JO L. SHAFFER

S/T

01/26/2009

Electronic Signature of Signing Officer or Director

Date