2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State
09-09-2004 90004 025 ****70.00

54072076

DOCUMENT # N00000003628

1. Entity Name
HOMELESS COALITION OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business	Mailing Address
5707 NORTH 22ND STREET C/O MENTAL HEALTH CARE, INC. TAMPA, FL 33610 US	P.O. BOX 360181 TAMPA, FL 33673-0181 US

08192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1102 North Florida Ave	
Suite, Apt. #, etc. 2ND Floor	Suite, Apt. #, etc.
City & State TAMPA, FL	City & State
Zip 33602 County Hillsborough	Zip Country

4. FEI Number 59-3651378 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~JOYCE, JAMES J~~ ~~2410 N TAMPA STREET~~ ~~TAMPA, FL 33602~~ →	Name Rayme L. Nuckles Street Address (P.O. Box Number is Not Acceptable) 1102 N. Florida Ave 2ND FLOOR City TAMPA FL Zip Code 33602

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Rayme L. Nuckles CEO 8/30/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PIETSCH, JOEL 1201 ORIENT ROAD TAMPA, FL 33619	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Carol Griffith 10770 N. 46th St TAMPA, FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOYCE, JAMES 2410 N TAMPA ST TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DARBY, JOHN 1603 N FLORIDA AVE TAMPA, FL 33601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President DARBY, JOHN 2402 E. MLK BLVD TAMPA, FL 33610	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ERB, EDI 5707 N 22ND ST TAMPA, FL 33610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Bonnie Christiano 201 S. Tampania TAMPA, FL 33609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONG, CHRISTINE 2010 N. FLORIDA AVE. TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOTTOMS, CHARLES 1229 E. 131ST AVE. TAMPA, FL 33612	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2402 E. MLK BLVD TAMPA, FL 33610	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Rayme L. Nuckles 8/30/04 813.223.6115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
540720760

N00000003628
HOMELESS COALITION OF HILLSBOROUGH COUNTY, INC.
P.O. BOX 360181
TAMPA FL 336730181