## **2004 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

## FILED Sep 09, 2004 8:00 am Secretary of State

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DOCUMENT # N0000003628  1. Entity Name HOMELESS COALITION OF HILLSBOROUGH COUNTY, INC.						09-09-2004	1 90004	025 <b>***</b> *′	70.00
	1 22ND STREET Health Care, Inc.	Mailing Address P.O. BOX 360181 TAMPA, FL 33673-01	81 US		1 (DE)((B) B)) <b>(B)</b> ((	80111 80111 9014 861		54072	076
2. Principal P	Place of Business North Florida Ave	3. Mailing Address							
Suite Apt. #, etc Floor		Suite, Apt. #, etc.			08192004 C	hg-NP	CR2E	037 (10/03)	
City & State	PA PL	City & State			4. FEI Number 59-365137	'8			oplied For ot Applicable
<sup>Žip</sup> 336	02 Hillsborough	Zip	Country		5. Certificate of S		X	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Nama		7. Name and Add	Iress of New R	egistered	l Agent	
JOYCE, JA			Name ,	Rayme L. Nuckles					
TAMPA F	M <del>PA STRE</del> ET L_33602		Street A	Street Address (P.O. Box Number in Not Acceptable) Ave					
					ZND	FLOOR	-		
ı			City 7	AM	1PA		F	_   ````	502
	named entity submits this statement for tions of redistered agent.								
signature	Signature types or kinted name of registered agent a	Rayr and title if applicable. (NOT	ne L. / E: Registered Agent signat	Vucl ture required w	Kles C	EO	DATE	3/30/0·	4
SIGNATURE	Xan	9. Election Car	E: Registered Agent signal impaign Financing Contribution.		then reinstating) \$5.00 May Be Added to Fees		ake che	2/30/04	
SIGNATURE	Signature types or frinted name of registered agent to	9. Election Cal Trust Fund (	mpaign Financing		\$5.00 May Be	Flor	ake che ida Depa	artment of S	tate
SIGNATURE	Signature type or printed name of registered agent a Filling Fee is \$61.25 ue by September 8, 2004  OFFICERS AND DIF VPD PIETSCH, JOEL	9. Election Cal Trust Fund (	mpaign Financing Contribution.		\$5.00 May Be Added to Fees DDITIONS/CHANG	Flor	ake che ida Depa	artment of S	tate
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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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

NAME

STREET ADDRESS 2402 E. MLK BLVD

TAMPA FL 33610

BOTTOMS, CHARLES

1229 E. 131ST AVE.

TAMPA, FL 33612

NAME

STREET ADDRESS

CITY-ST-ZIP

Alfachment 54072076

N0000003628 HOMELESS COALITION OF HILLSBOROUGH COUNTY, INC. P.O. BOX 360181 TAMPA FL 336730181