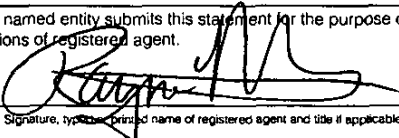
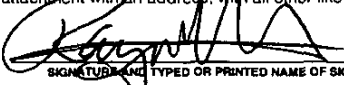


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90083 033 ****70.00

DOCUMENT # N00000003628					
1. Entity Name HOMELESS COALITION OF HILLSBOROUGH COUNTY, INC.					
Principal Place of Business 1102 NORTH FLORIDA AVE 2ND FLOOR TAMPA, FL 33602 US			Mailing Address P.O. BOX 360181 TAMPA, FL 33673-0181 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3651378	
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		
NUCKLES, RAYME L 1102 N FLORIDA AVE 2ND FLOOR TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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: 					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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	V GRIFFITH, CAROL 10770 N 46TH ST TAMPA, FL 33617	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP JOYCE, JAMES 2410 N TAMPA ST TAMPA, FL 33602	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DARBY, JOHN 2402 E MLK BLVD TAMPA, FL 33610	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTIANO, BONNIE 201 S TAMPANIA TAMPA, FL 33609	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONG, CHRISTINE 2010 N. FLORIDA AVE. TAMPA, FL 33602	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTTOMS, CHARLES 2402 E MLK BLVD TAMPA, FL 33610	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		RAYME L. NUCKLES		4-26-05 813-223-6115	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	