

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003628

FILED
Jan 22, 2007
Secretary of State

Entity Name: HOMELESS COALITION OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:

1102 NORTH FLORIDA AVE
2ND FLOOR
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 360181
TAMPA, FL 336730181 US

New Mailing Address:

FEI Number: 59-3651378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NUCKLES, RAYME L
1102 N FLORIDA AVE
2ND FLOOR
TAMPA, FL 33602 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: D () Delete
Name: GRIFFITH, CAROL
Address: 10770 N 46TH ST
City-St-Zip: TAMPA, FL 33617

Title: P () Delete
Name: CAREY, LARRY
Address: 906 S LAKEVIEW RD
City-St-Zip: TAMPA, FL 33609

Title: VP () Delete
Name: BOLES, JOAN
Address: 829 W MLK BLVD, 2ND FL
City-St-Zip: TAMPA, FL 33603

Title: T () Delete
Name: CHRISTIANO, BONNIE
Address: 201 S TAMPANIA
City-St-Zip: TAMPA, FL 33609

Title: S () Delete
Name: LONG, CHRISTINE
Address: 2010 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: AMOROSO, ROXANNE
Address: POPB 31590
City-St-Zip: TAMPA, FL 33631

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEVITTO, LISA
Address: 714 SOUTH DAVIS BLVD
City-St-Zip: TAMPA, FL 33606

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

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

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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RAYME NUCKLES

RA

01/22/2007

Electronic Signature of Signing Officer or Director

Date