2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N00000003628

Entity Name: HOMELESS COALITION OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:

2105 N. NEBRASKA 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 ( )**

Name and Address of Current Registered Agent:

NUCKLES, RAYME L
2105 N NEBRASKA 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:	DEVITTO, LISA	
Address:	714 SOUTH DAVIS BLVD	
City-St-Zip:	TAMPA, FL 33606	
Title:	PP	( ) Delete
Name:	CAREY, LARRY	
Address:	906 S LAKEVIEW RD	
City-St-Zip:	TAMPA, FL 33609	
Title:	P	( ) Delete
Name:	BOLES, JOAN	
Address:	829 W MLK BLVD, 2ND FL	
City-St-Zip:	TAMPA, FL 33603	
Title:	T	( ) Delete
Name:	GIGILIA, GERALD	
Address:	601 S HARBOUR ISLAND BLVD, STE 200	
City-St-Zip:	TAMPA, FL 33602	
Title:	S	( ) Delete
Name:	BURDICK, CHRISTINE	
Address:	601 NORTH ASHLEY DRIVE SUITE 1100	
City-St-Zip:	TAMPA, FL 33602	
Title:	VP	( ) Delete
Name:	LANGFORD, PATRICIA	
Address:	17623 PASTURE ROAD	
City-St-Zip:	ODESSA, FL 33556	

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:	( ) Change ( ) Addition
Name:	
Address:	
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 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 L. NUCKLES CEO 04/29/2009

Electronic Signature of Signing Officer or Director — Date