

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003628

FILED
Jan 22, 2010
Secretary of State

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 (X)

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
Name: DEVITTO, LISA
Address: 714 SOUTH DAVIS BLVD
City-St-Zip: TAMPA, FL 33606

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

Title: P
Name: LANGFORD, PATRICIA
Address: 17623 PASTURE ROAD
City-St-Zip: ODESSA, FL 33556

Title: T
Name: GIGILIA, GERALD
Address: 601 S HARBOUR ISLAND BLVD, STE 200
City-St-Zip: TAMPA, FL 33602

Title: S
Name: BURDICK, CHRISTINE
Address: 601 NORTH ASHLEY DRIVE SUITE 1100
City-St-Zip: TAMPA, FL 33602

Title: VP
Name: SHER-CONROY, STACEY
Address: 4623 W. SUNSET BLVD.
City-St-Zip: TAMPA, FL 33629

I hereby 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 all other like empowered.

SIGNATURE: RAYME L. NUCKLES

CEO

01/22/2010

Electronic Signature of Signing Officer or Director

Date