

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90199 003 ****70.00

DOCUMENT # N00000003677

1. Entity Name
MID FLORIDA HOMELESS COALITION, INC.



Principal Place of Business
**C/O LIFESTREAM BEHAVIORAL CENTER, INC.
515 W. MAIN ST
LEESBURG, FL 34748**

Mailing Address
**P.O. BOX 1527
EUSTIS, FL 32727**

40081574



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3800140

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MONROE, JOE
3600 W. SOVERIGN PATH SUITE 147
LECANTO, FL 34461**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LOWE, JAMES
501 N. BAY STREET
EUSTIS, FL 32726** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MONROE, JOE
3600 W SOVERIGN PATH, STE 147
LECANTO, FL 34461** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WHEELER, BARBARA
5399 W. GULF TO LAKE HWY.
LECANTO, FL 34461** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
THOMPSON, B.E
P.O. BOX 491000
LEESBURG, FL 34749** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIPPER, DEWAYNE
27 S MELBOURNE ST
BEVERLY HILLS, FL 34465** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCAVOY, CAROL
919 N. BROAD ST
BROOKSVILLE, FL 34601** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Secretary
Diana McIntosh
PO Box 205
Inverness FL 34451-0205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/07

10. Additional Directors

ATTACHMENT 40081574

#N00000003677

Title Director
Name **Heather Lemay**
Street Address 107 M.L. King Blvd
City-ST-Zip Inverness, FL 34450

Title Director
Name **Jaysen Roa**
Street Address 3545 N Lecanto Hwy
City-ST-Zip Beverly Hills, FL 34465-3502

Title
Name **Francine Ward**
Street Address PO Box 896
City-ST-Zip Brooksville, FL 34605-0896

Title Director
Name **Charlotte Osborne**
Street Address 1309 High St Bldg 102
City-ST-Zip Leesburg, FL 34748-4939

Title Director
Name **Liz Eginton**
Street Address PO Box 7800
City-ST-Zip Tavares, FL 32778-7800

Title Director
Name **Timothy Bridges**
Street Address 501 N Bay St
City-ST-Zip Eustis, FL 32726-3438