


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90041 032 \*\*\*\*70.00

|  |   |
|--|---|
| <b>DOCUMENT # N00000003677</b>                         |  |
| 1. Entity Name<br>MID FLORIDA HOMELESS COALITION, INC. |   |

|   |  |
|---|--|
| Principal Place of Business<br>C/O LIFESTREAM BEHAVIORAL CENTER, INC.<br>515 W. MAIN ST<br>LEESBURG, FL 34748 | Mailing Address<br>P.O. BOX 1527<br>EUSTIS, FL 32727 |
|---|--|

**40067643**



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

03142008 Chg-NP CR2E037 (12/06)

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3800140 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|  |                                |
|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                     |  |
| MONROE, JOE<br>3600 W. SOVERIGN PATH SUITE 147<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |  |
|---|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|--|--|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>LOWE, JAMES<br>501 N. BAY STREET<br>EUSTIS, FL 32726 <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>MONROE, JOE<br>3600 W SOVERIGN PATH, STE 147<br>LECANTO, FL 34461 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S -<br>MCINTOSH, DIANA<br>P.O. BOX 205<br>INVERNESS, FL 344510205 <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>THOMPSON, B.E<br>P.O. BOX 491000<br>LEESBURG, FL 34749 <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>SIPPER, DEWAYNE<br>27 S MELBOURNE ST<br>BEVERLY HILLS, FL 34465 <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MCAVOY, CAROL<br>919 N. BROAD ST<br>BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete         |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | T<br>Francine Ward<br>8320 Kennedy Blvd<br>Brooksville FL 34601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | D<br>Heather Lemay<br>107 Dr Martin Luther King Jr Ave<br>Inverness FL 34450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | P<br>Charlotte Osborne<br>1309 High St Bldg 102<br>Leesburg FL 34748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | D<br>Jaysen Roa<br>2417 N Lecanto Hwy<br>Lecanto FL 34461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:**  **Diana McIntosh** 10 Apr 08 352 344-8111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #