2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003677

Entity Name: MID FLORIDA HOMELESS COALITION, INC.

FILED Feb 19, 2009 Secretary of State

C/O LIFESTREAM BEHAVIORAL CENTER, INC. 515 W, MAIN ST LEESBURG, FL 34748

Current Mailing Address: New Mailing Address:

P.O. BOX 1527 EUSTIS, FL 32727

FEI Number: 59-3800140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Flateria Circular of Decideral Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Delete Title: P (X) Change () Addition
Name: LOWE, JAMES Name: THOMPSON, B. E
Address: 501 N_RAY STREET Address: 515 W_MAIN ST

Address: 501 N. BAY STREET Address: 515 W, MAIN ST
City-St-Zip: EUSTIS, FL 32726 City-St-Zip: LEESBURG, FL 34748

Title: P () Delete Title: V (X) Change () Addition

Name: MONROE, JOE Name: MONROE, JOE

Address: 3600 W SOVERIGN PATH, STE 147 Address: 3600 W SOVERIGN PATH, STE 147

City-St-Zip: LECANTO, FL 34461 City-St-Zip: LECANTO, FL 34461

Title: S () Delete Title: () Change () Addition Name: MCINTOSH, DIANA Name:

 Address:
 P.O. BOX 205
 Address:

 City-St-Zip:
 INVERNESS, FL 344510205
 City-St-Zip:

Title: P () Delete Title: T (X) Change () Addition

 Name:
 THOMPSON, B.E
 Name:
 WARD, FRANCINE

 Address:
 P.O. BOX 491000
 Address:
 8320 KENNEDY BLVD

 City-St-Zip:
 LEESBURG, FL 34749
 City-St-Zip:
 BROOKSVILLE, FL 34601

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SIPPER, DEWAYNE
 Name:
 SIPPER, DUWAYNE

 Address:
 27 S MELBOURNE ST
 Address:
 27 S MELBOURNE ST

 City-St-Zip:
 BEVERLY HILLS, FL 34465
 City-St-Zip:
 BEVERLY HILLS, FL 34465

Title: D () Delete Title: D (X) Change () Addition
Name: MCAVOY, CAROL Name: LEMAY, HEATHER

Name: MCAVOY, CAROL Name: LEMAY, HEATHER
Address: 919 N. BROAD ST Address: 107 DR MARTIN LUTHER KING JR AVE

City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: INVERNESS, FL 34450

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: BARBARA WHEELER E.D. 02/19/2009