

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003677

FILED
Apr 09, 2010
Secretary of State

Entity Name: MID FLORIDA HOMELESS COALITION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1527
EUSTIS, FL 32727

New Mailing Address:

FEI Number: 59-3800140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MONROE, JOE
5980 W WOODSIDE
CRYSTAL RIVER, FL 34429 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:

04/09/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: THOMPSON, B. E
Address: 515 W, MAIN ST
City-St-Zip: LEESBURG, FL 34748

Title: V
Name: MONROE, JOE
Address: 3600 W SOVERIGN PATH, STE 147
City-St-Zip: LECANTO, FL 34461

Title: S
Name: BOPP, PAMELA
Address: 507B N MARKET ST
City-St-Zip: BUSHNELL, FL 33513

Title: T
Name: WARD, FRANCINE
Address: 8320 KENNEDY BLVD
City-St-Zip: BROOKSVILLE, FL 34601

Title: D
Name: SIPPER, DUWAYNE
Address: 27 S MELBOURNE ST
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D
Name: LEMAY, HEATHER
Address: 107 DR MARTIN LUTHER KING JR AVE
City-St-Zip: INVERNESS, FL 34450

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: B.E. THOMPSON

PRES

04/09/2010

Electronic Signature of Signing Officer or Director

Date