

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 14, 2011
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:

P.O. BOX 3031
INVERNESS, FL 34451

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
5980 W WOODSIDE
CRYSTAL RIVER, FL 34429 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: P
Name: THOMPSON, B. E
Address: 515 W, MAIN ST
City-St-Zip: LEESBURG, FL 34748

Title: V
Name: MONROE, JOE
Address: 5980 W WOODSIDE
City-St-Zip: CRYSTAL RIVER, FL 34429

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

Title: T
Name: GIMBELL, BRUCE
Address: 1090 MONDON HILL ROAD
City-St-Zip: BROOKSVILLE, FL 34601 27

Title: D
Name: SMITH, STEVE
Address: 1323 BRIARHAVEN LN
City-St-Zip: CLERMONT, FL 34711 51

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

P

02/14/2011

Electronic Signature of Signing Officer or Director

Date