2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003677

FILED Feb 07, 2012 Secretary of State

Entity Name: MID FLORIDA HOMELESS COALITION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

LEESBURG, FL 34748

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

MONROE, JOE WHEELER, BARBARA 5980 W WOODSIDE 320 TULIP LN

CRYSTAL RIVER, FL 34429 US INVERNESS, FL 34452 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: BARBARA WHEELER 02/07/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: I

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

Title: ∨

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

Title: S

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

Title: ∨

Name: GIMBELL, BRUCE

Address: 1090 MONDON HILL ROAD City-St-Zip: BROOKSVILLE, FL 34601 27

Title:

 Name:
 MONROE, JOE

 Address:
 5980 W WOODSIDE

 City-St-Zip:
 CRYSTAL RIVER, FL 34429

Title: [

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 02/07/2012