

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-16-2002 90025 002 ****70.00

DOCUMENT # N01000008150

1. Entity Name

FLORIDA SUPPORTIVE HOUSING COALITION, INC.

Principal Place of Business

Mailing Address

155 S MIAMI VAE STE 1150
MIAMI FL 33131

155 S MIAMI VAE STE 1150
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

155 SOUTH MIAMI AVENUE **155 SOUTH MIAMI AVENUE**

Suite, Apt. #, etc.
1150

Suite, Apt. #, etc.
1150

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

26-0021281

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARCUS, MARIA P
155 S MIAMI VAE STE 1150
MIAMI FL 33131

Name
MARIA PELLERIN-BARCUS

Street Address (P.O. Box Number is Not Acceptable)
155 SOUTH MIAMI AVENUE

SUITE 1150

City
MIAMI

FL

Zip Code
33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
P MARIA PELLERIN-BARCUS
155 SOUTH MIAMI AVENUE STE 1150
MIAMI FLORIDA 33131

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
YD
REV. R. F. LANGFORD
909 N. LIBERTY STREET
JACKSONVILLE FL 32206

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
SD
PAT MCNAMARA
4016 BROADWAY
WEST PALM BEACH FL 33407

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
TD
KATHY SPEARMAN
605 SOUTH BOULEVARD
TAMPA FL 33606

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

(305) 371-8300

Daytime Phone #

CR2E037 (9/01)