


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90026 036 ****70.00

DOCUMENT # N01000008150

1. Entity Name
FLORIDA SUPPORTIVE HOUSING COALITION, INC.



Principal Place of Business
**155 S MIAMI VAE STE 1150
 MIAMI, FL 33131**

Mailing Address
**155 S MIAMI VAE STE 1150
 MIAMI, FL 33131**

54011115



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01202004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
26-0021281

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6: Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MARIA PELLERIN BARCUS**
 Street Address (P.O. Box Number is Not Acceptable)
155 SOUTH MIAMI AVE. STE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maria Pellerin Barcus* **MARIA PELLERIN BARCUS** **01-20-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PELLERIN-BARCUS, MARIA 155 S MIAMI VAE STE 1150 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANGFORD, R F REV 909 N LIBETY STREET JACKSONVILLE, FL 32206 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCMAMARA, PAT 4816 BROADWAY WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition McNamara, Patrick 2001 W. Blue Heron Blvd. Riviera Beach, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPEARMAN, KATHY 605 SOUTH BOULEVARD TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Erb, Edi 5707 N. 22nd St. Tampa, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Herzman, Wendi 10028 State Road 52 Hudson, FL 35669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maria Pellerin Barcus* **MARIA PELLERIN BARCUS** **01/20/04** **305-371-8300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #