

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 05, 2006  
Secretary of State**

DOCUMENT# N01000008150

Entity Name: FLORIDA SUPPORTIVE HOUSING COALITION, INC.

**Current Principal Place of Business:**

155 S MIAMI AVE., STE 1150  
MIAMI, FL 33131

**New Principal Place of Business:**

2868-1 MAHAN DRIVE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

155 S MIAMI AVE., STE 1150  
MIAMI, FL 33131

**New Mailing Address:**

2868-1 MAHAN DRIVE  
TALLAHASSEE, FL 32308

FEI Number: 26-0021281      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PELLERIN BARCUS, MARIA  
155 S MIAMI AVE., STE 1150  
MIAMI, FL 33131 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 ( ) Delete  
Name: NAZWORTH, SHANNON  
Address: 2700 UNIVERSITY BLVD., STE A1  
City-St-Zip: JACKSONVILLE, FL 32217

Title: T ( ) Delete  
Name: ERB, EDI  
Address: 5707 N. 22ND ST.  
City-St-Zip: TAMPA, FL 33610

Title: V ( ) Delete  
Name: POPKEY, MARSHA  
Address: 2440 THOMPSON STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: S ( ) Delete  
Name: HERZMAN, WENDI  
Address: 10028 STATE ROAD 52  
City-St-Zip: HUDSON, FL 35669

Title: D- ( ) Delete  
Name: PELLERIN-BARCUS, MARIA  
Address: 155 S MIAMI AVE, STE1150  
City-St-Zip: MIAMI,, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EURECKA BROWN

MRS

07/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date