

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90011 050 ****70.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000008150



1. Entity Name
 FLORIDA SUPPORTIVE HOUSING COALITION, INC.

Principal Place of Business
 2868-1 MAHAN DRIVE
 TALLAHASSEE, FL 32308

Mailing Address
 2868-1 MAHAN DRIVE
 TALLAHASSEE, FL 32308



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
 26-0021281

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

PELLERIN BARCUS, MARIA
 155 S MIAMI AVE., STE 1160
 MIAMI, FL 33131

Name
 Pellerin Barcus, Maria

Street Address (P.O. Box Number is Not Acceptable)

5637 La Gorce Dr.

City

Miami Beach

FL

Zip Code
 33140

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 *Pellerin Barcus, Maria*

07/03/07

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

(NOTE: Registered Agent signature is required when relinquishing)

DATE

Filing Fee is \$61.25
 Due by September 14, 2007

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 P Delete
 NAZWORTH, SHANNON
 STREET ADDRESS 2700 UNIVERSITY BLVD., STE A1
 CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE NAME P Change Addition
 Nazworth, Shannon
 STREET ADDRESS 126 West Adams St. Suite 502
 CITY-ST-ZIP Jacksonville, FL. 32202

TITLE NAME T Delete
 ERB, EDI
 STREET ADDRESS 5707-N. 22ND ST.
 CITY-ST-ZIP TAMPA, FL 33610

TITLE NAME T Change Addition
 Erb, Edi
 STREET ADDRESS 1102 N. Florida Ave. Suite 203
 CITY-ST-ZIP Tampa, FL. 33602

TITLE NAME V Delete
 POPKEY, MARSHA
 STREET ADDRESS 2440 THOMPSON STREET
 CITY-ST-ZIP FORT MYERS, FL 33901

TITLE NAME Change Addition

TITLE NAME S Delete
 HERZMAN, WENDI
 STREET ADDRESS 10028 STATE ROAD 52
 CITY-ST-ZIP HUDSON, FL 35668

TITLE NAME S Change Addition
 Koch, Karen
 STREET ADDRESS 316 East Park Ave.
 CITY-ST-ZIP Tallahassee, FL. 32301-1514

TITLE NAME D- Delete
 PELLERIN-BARCUS, MARIA
 STREET ADDRESS 165 S MIAMI AVE. STE 1150
 CITY-ST-ZIP MIAMI, FL 33131

TITLE NAME D Change Addition
 Pellerin-Barcus, Maria
 STREET ADDRESS 5637 La Gorce Dr.
 CITY-ST-ZIP Miami Beach, FL 33140

TITLE NAME Delete

TITLE NAME Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 trustee 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: *Shannon A. Nazworth*

7/11/07

850-224-6048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #