

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008150

FILED
Feb 20, 2009
Secretary of State

Entity Name: FLORIDA SUPPORTIVE HOUSING COALITION, INC.

Current Principal Place of Business:

2868-1 MAHAN DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2868-1 MAHAN DRIVE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 26-0021281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELLERIN BARCUS, MARIA
5637 LA GORCE DR
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

NAZWORTH, SHANNON P
126 W. ADAMS ST
SUITE 502
JACKSONVILLE, FL 32202 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: SHANNON NAZWORTH

02/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NAZWORTH, SHANNON
Address: 126 WEST ADAMS ST SUITE 502
City-St-Zip: JACKSONVILLE, FL 32202

Title: T () Delete
Name: ERB, EDI
Address: 2105 N NEBRASKA AVE
City-St-Zip: TAMPA, FL 33602

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

Title: S () Delete
Name: KOCH, KAREN
Address: 316 EAST PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: PELLERIN-BARCUS, MARIA
Address: 5637 LA GORGE DR
City-St-Zip: MIAMI BEACH, FL 33140

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 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: LAVONIA SAMPSON

MGR

02/20/2009

Electronic Signature of Signing Officer or Director

Date