

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008150

FILED  
Jan 06, 2011  
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:**

8327 INVERNESS DRIVE  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

2868-1 MAHAN DRIVE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

P.O. BOX 11242  
TALLAHASSEE, FL 32308

FEI Number: 26-0021281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NAZWORTH, SHANNON P  
126 W. ADAMS ST  
SUITE 502  
JACKSONVILLE, FL 32202 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  
Name: NAZWORTH, SHANNON  
Address: 126 WEST ADAMS ST SUITE 502  
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: V  
Name: GOLIK, OLGA  
Address: 4175 WEST 20 AVE  
City-St-Zip: HIALEAH, FL 33012

Title: S  
Name: DREGGORS, WAYNE  
Address: 237 FERNWOOD BLVD.  
City-St-Zip: FERN PARK, FL 32730

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

I hereby 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 all other like empowered.

SIGNATURE: ELLEN PIEKALKIEWICZ

D

01/06/2011

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

\_\_\_\_\_ Date