

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90089 041 ****70.00

DOCUMENT # **NO1000008150**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **26-0021281**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



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 _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-03

FILE NOW: FEE IS \$61.25

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	Change	Addition
P	PELLERIN-BARCUS, MARIA	155 S MIAMI VAE STE 1150	MIAMI FL 33131	<input type="checkbox"/>	<input type="checkbox"/>
VD	LANGFORD, R F REV	909 N LIBETY STREET	JACKSONVILLE FL 32206	<input type="checkbox"/>	<input type="checkbox"/>
SD	MCMAMARA, PAT	4816 BROADWAY	WEST PALM BEACH FL 33407	<input type="checkbox"/>	<input type="checkbox"/>
TD	SPEARMAN, KATHY	605 SOUTH BOULEVARD	TAMPA FL 33606	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Signature]

1-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Phone #

CR2E037 (10/02)