

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006222

FILED
Apr 28, 2009
Secretary of State

Entity Name: FLORIDA EX-OFFENDER REENTRY COALITION, INC.

Current Principal Place of Business:

50 NE 35TH ST.
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

50 NE 35TH ST.
OCALA, FL 34479

New Mailing Address:

FEI Number: 36-4511514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECASTRO, BERNIE
50 NE 35TH ST.
OCALA, FL 34479 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: ST () Delete
Name: BELL, CLEVE
Address: 965 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33128

Title: D () Delete
Name: GLENN, JOHN
Address: 11655 HWY 441 SE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: YARNOLD, CHRIS
Address: 2525 FIRST AVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D () Delete
Name: MCMAHON, JOHN
Address: P.O. BOX 270848
City-St-Zip: TAMPA, FL 33688

Title: P () Delete
Name: BERNIE, DECASTRO
Address: 50 NE 35TH ST
City-St-Zip: OCALA, FL 34479

Title: V () Delete
Name: DIXON, WILLIE
Address: 11004 ULSTER CT
City-St-Zip: TAMPA, FL 33610

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
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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: BERNIE DECASTRO

RA

04/28/2009

Electronic Signature of Signing Officer or Director

Date