

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002371

FILED  
Feb 22, 2008  
Secretary of State

Entity Name: PANORAMA HOMELESS COALITION INC.

**Current Principal Place of Business:**

1001 N OAK ST.  
STARKE, FL 32091

**New Principal Place of Business:**

**Current Mailing Address:**

1001 N OAK ST.  
STARKE, FL 32091

**New Mailing Address:**

FEI Number: 11-3686903      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GREEN, REGINALD BISHOP  
1001 N OAK ST.  
STARKE, FL 32091      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: PD      ( ) Delete  
Name: HERRING, SHADE J BISHOP  
Address: 6403 HOWE DR.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD      ( ) Delete  
Name: LONG, MOSES PASTOR  
Address: 3624 WHITEHALL STREET  
City-St-Zip: PALATKA, FL 32177

Title: SD      ( ) Delete  
Name: BRADLEY, BLONDELL  
Address: 1142 NE 31ST AVENUE  
City-St-Zip: GAINESVILLE, FL 32609

Title: TD      ( ) Delete  
Name: INGS, JAMES  
Address: 1828 DAYTONA LANE NORTH  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D      ( ) Delete  
Name: GREEN, REGINALD BISHOP  
Address: 1001 N OAK ST.  
City-St-Zip: STARKE, FL 32091

**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: REGINALD A. GREEN

Electronic Signature of Signing Officer or Director

CHAI

02/22/2008

Date