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: New Principal Place of Business: 1001 N OAK ST. STARKE, FL 32091 **Current Mailing Address: New Mailing Address:** 1001 N OAK ST STARKE, FL 32091 FEI Number: 11-3686903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREEN, REGINALD BISHOP 1001 N OAK ST. STARKE, FL 32091 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HERRING, SHADE J BISHOP Name: Name: 6403 HOWE DR. Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LONG, MOSES PASTOR Name: Address: 3624 WHITEHALL STREET Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: () Delete Title: () Change () Addition BRADLEY, BLONDELL Name: Name: 1142 NE 31ST AVENUE Address: Address: City-St-Zip: GAINESVILLE, FL 32609 City-St-Zip: () Delete Title: TD Title: () Change () Addition Name: INGS, JAMES Name: Address: 1828 DAYTONA LANE NORTH Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: Title: () Delete () Change () Addition GREEN, REGINALD BISHOP Name: Name: 1001 N OAK ST. Address: Address: City-St-Zip: STARKE, FL 32091 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 CHAI 02/22/2008