

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008568

FILED  
Jun 13, 2007  
Secretary of State

Entity Name: HOMELESS/FORMERLY HOMELESS FORUM,INC.

**Current Principal Place of Business:**

675 NW 17TH STREET  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

675 NW 17TH STREET  
MIAMI, FL 33136

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CLARKE-TROTMAN, PAULINE  
541 NW 47TH TERRACE  
MIAMI, FL 33127 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:**

Title: P ( ) Delete  
Name: CLARKE-TROTMAN, PAULINE  
Address: 541 NW 47TH TERRACE  
City-St-Zip: MIAMI, FL 33127

Title: VP ( ) Delete  
Name: MCPHERSON, DEBORAH  
Address: 2249 NW 58TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: T ( ) Delete  
Name: TROTMAN, EARNEST  
Address: 541 NW 47TH TERRACE  
City-St-Zip: MIAMI, FL 33127

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: CLARKE-TROTMAN, PAULINE  
Address: 541 NW 47TH TERRACE  
City-St-Zip: MIAMI, FL 33127

Title: S (X) Change ( ) Addition  
Name: GAITER, LINDA  
Address: 1015 NW 50TH STREET  
City-St-Zip: MIAMI, FL 33127

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: WASHINGTON, ANTHONY  
Address: 820 NW 28TH  
City-St-Zip: MIAMI, FL 33127

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: PAULINE CLARKE-TROTMAN

P

06/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date