2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 25, 2008
Secretary of State

DOCUMENT# N03000008568

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 ( )**
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:

CLARKE-TROTMAN, PAULINE
541 NW 47TH TERRACE
MIAMI, FL 33127 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:	C	( ) Delete
Name:	CLARKE-TROTMAN, PAULINE	
Address:	541 NW 47TH TERRACE	
City-St-Zip:	MIAMI, FL 33127	
Title:	S	( ) Delete
Name:	GAITER, LINDA	
Address:	1015 NW 50TH STREET	
City-St-Zip:	MIAMI, FL 33127	
Title:	T	( ) Delete
Name:	TROTMAN, EARNEST	
Address:	541 NW 47TH TERRACE	
City-St-Zip:	MIAMI, FL 33127	
Title:	S	( ) Delete
Name:	WASHINGTON, ANTHONY	
Address:	820 NW 28TH	
City-St-Zip:	MIAMI, FL 33127	

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:	

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 C 09/25/2008

Electronic Signature of Signing Officer or Director — Date