


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90011 011 \*\*\*\*70.00

<b>DOCUMENT # N06000001371</b> 1. Entity Name DESOTO COUNTY HOMELESS COALITION, INC.			
Principal Place of Business 1277 SE FIRST AVENUE ARCADIA, FL 34266		Mailing Address 1277 SE FIRST AVENUE ARCADIA, FL 34266	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 271</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>ARCADIA, FL</b>	
Zip	Country	Zip <b>34265</b>	Country <b>Desoto</b>
6. Name and Address of Current Registered Agent  GILCHRIST, VALERIE 1277 SE FIRST AVENUE ARCADIA, FL 34266		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> GILCHRIST, VALERIE 1277 SE FIRST AVENUE ARCADIA, FL 34266	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> BODEM, BOB 133 NORTH MARSHALL ARCADIA, FL 34266	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> SAN LUIS, ROBERT 5 STIRRUP WAY ARCADIA, FL 34266	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> HINKER, ROBERT P.O. BOX 231 ARCADIA, FL 34266	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <i>Valerie Gilchrist</i>		Date <b>5/31/07</b>	Daytime Phone # <b>863-244-8734</b>