

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001371

FILED
Apr 12, 2008
Secretary of State

Entity Name: DESOTO COUNTY HOMELESS COALITION, INC.

Current Principal Place of Business:

1277 SE FIRST AVENUE
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 271
ARCADIA, FL 34265

New Mailing Address:

P.O. BOX 271
ARCADIA, FL 34265

FEI Number: 13-4334023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILCHRIST, VALERIE
1277 SE FIRST AVENUE
ARCADIA, FL 34266 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: PT () Delete
Name: GILCHRIST, VALERIE
Address: 1277 SE FIRST AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: V () Delete
Name: BODEM, BOB
Address: 133 NORTH MARSHALL
City-St-Zip: ARCADIA, FL 34266

Title: S () Delete
Name: SAN LUIS, ROBERT
Address: 5 STIRRUP WAY
City-St-Zip: ARCADIA, FL 34266

Title: T () Delete
Name: HINIKER, ROBERT
Address: P.O. BOX 231
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: VAUGHN, NANCY J
Address: 830 N. JOHNSON AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: S (X) Change () Addition
Name: MARES, JANICE
Address: 208 E. CYPRESS STREET
City-St-Zip: ARCADIA, FL 34266

Title: T (X) Change () Addition
Name: THOMAS, CAROLYN
Address: P.O. BOX 802
City-St-Zip: ARCADIA, FL 34265

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: VALERIE GILCHRIST

PT

04/12/2008

Electronic Signature of Signing Officer or Director

Date