2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N06000001371

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:

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:	VAUGHN, NANCY J	
Address:	830 N. JOHNSON AVENUE	
City-St-Zip:	ARCADIA, FL 34266	
Title:	S	( ) Delete
Name:	MARES, JANICE	
Address:	208 E. CYPRESS STREET	
City-St-Zip:	ARCADIA, FL 34266	
Title:	T	( ) Delete
Name:	THOMAS, CAROLYN	
Address:	P.O. BOX 802	
City-St-Zip:	ARCADIA, FL 34265	
Title:	D	( ) Delete
Name:	BRANCH, WALTER T PASTOR	
Address:	403 E. PINE STREET	
City-St-Zip:	ARCADIA, FL 34266	
Title:	D	( ) Delete
Name:	HANUS, THEODORE	
Address:	722 W. WHIDDEN STREET	
City-St-Zip:	ARCADIA, FL 34266	

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:	T	(X) Change ( ) Addition
Name:	MIMBS, KAREN	
Address:	1713 E. OAK STREET	
City-St-Zip:	ARCADIA, FL 34265	
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: VALERIE GILCHRIST P 04/06/2009

Electronic Signature of Signing Officer or Director — Date