

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000001371

FILED
Jan 11, 2013
Secretary of State

Entity Name: DESOTO COUNTY HOMELESS COALITION, INC.

Current Principal Place of Business:

1425 ML KING STREET
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 271
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 13-4334023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: PATRICK C. ELMORE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VS
Name: VAUGHN, NANCY J
Address: 830 N. JOHNSON AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: D
Name: WIGHT, LOIS
Address: P. O. BOX 295
City-St-Zip: FT. OGDEN, FL 34267 US

Title: D
Name: HERNANDES, MELINDA
Address: 7538 NE CUBITIS AVENUE
City-St-Zip: ARCADIA, FL 34266 US

Title: DT
Name: ELMORE, PATRICK PASTOR
Address: 4880 SW PROVAU AVENUE
City-St-Zip: NOCATEE, FL 34266 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICK C. ELMORE

DIR

01/11/2013

Electronic Signature of Signing Officer or Director

Date