FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:04

TALLAHASSEE, FLORIDA

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DOCUMENT # N08179 (6)

1. Corporation Name

MIAMI COALITION FOR THE HOMELESS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2800 BISCAYNE BLVD. STE 600 MIAMI FL 33137 US	2800 BISCAYNE BLVD. SUITE 600 MIAMI FL 33137 US

3. Date Incorporated or Qualified: 03/15/1985
3a. Date of Last Report: 07/15/1994
4. FEI Number: 59-2521237 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MACDONALD, DONNA
2800 BISCAYNE BLVD.
STE 600
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BAIRD, STEVEN K.	1.2 NAME	Grassie, Yvonne	
STREET ADDRESS	5978 NE 6TH CT.	1.3 STREET ADDRESS	3141 Commodore Plaza	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33133	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITEHEAD, LINDA	2.2 NAME		
STREET ADDRESS	1611 NW 12TH AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	BROOKS, JERRY	3.2 NAME	Regester, Patricia	
STREET ADDRESS	12368 SW 94TH TERR.	3.3 STREET ADDRESS	227 NE 17 Street	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33132	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	DANIEL, LOREN	4.2 NAME		
STREET ADDRESS	5850 NW 32ND AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	V/D	☒ Change ☐ Addition
NAME	FREDERICK, GARNETT	5.2 NAME	Holloway, Stephen	
STREET ADDRESS	460 NE 77TH ST. RD.	5.3 STREET ADDRESS	11300 NE 2 Avenue	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami Shores, FL 33161	
TITLE	M	6.1 TITLE		☐ Change ☐ Addition
NAME	MACDONALD, DONNA	6.2 NAME		
STREET ADDRESS	1525 LENOX AVE #1	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Patricia Regester Patricia Regester, Treasurer 3-9-95 (305) 576-1735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

KW 3-13-95

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