

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08179 (6)

1. Corporation Name

MIAMI COALITION FOR THE HOMELESS, INC.



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
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 220 Miracle Mile

26 220 Miracle Mile

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 216

27 Suite 216

City & State

City & State

23 Coral Gables, FL

28 Coral Gables, FL

Zip

Country

Zip

Country

24 33134

25 USA

29 33134

30 USA

4. FEI Number

59-2521237

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Gale D. Lucy

82 Street Address (P.O. Box Number is Not Acceptable)

220 Miracle Mile

83 Suite 216

84 City Coral Gables

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Gale D. Lucy (Gale D. Lucy)

(NOTE: Registered Agent signature required when reinstating)

2/28/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GRASSIE, YVONNE
STREET ADDRESS 3141 COMODORE PLAZA
CITY - ST - ZIP MIAMI FL 33133

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE S
NAME WHITEHEAD, LINDA
STREET ADDRESS 1611 NW 12TH AVE.
CITY - ST - ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE TD
NAME REGESETER, PATRICIA
STREET ADDRESS 227 NE 17 STREET
CITY - ST - ZIP MIAMI FL 33132

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D
NAME DANIEL, LOREN
STREET ADDRESS 5850 NW 32ND AVE.
CITY - ST - ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE VD
NAME HOLLOWAY, STEPHEN
STREET ADDRESS 11300 NE 2 AVENUE
CITY - ST - ZIP MIAMI SHORES FL 33161

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE M
NAME ~~MACDONALD, DONNA~~
STREET ADDRESS ~~1525 LENOX AVE #1~~
CITY - ST - ZIP ~~MIAMI BCH FL~~

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96 305/461-4428

CR2E037 (12/95)