

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N08179 (6)

1. Corporation Name

MIAMI COALITION FOR THE HOMELESS, INC.



Principal Place of Business

Mailing Address

220 MIRACLE MILE
SUITE 216
CORAL GABLES FL 33134
US

220 MIRACLE MILE
SUITE 216
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified

03/15/1985

4. FEI Number

59-2521237

Applied For

Not Applicable

2. Principal Place of Business

21 315 Navarre Ave #1

2a. Mailing Address

26 POBox 144367

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #1

27

City & State

City & State

23 Coral Gables, FL

28 Coral Gables, FL

Zip

Country

Zip

Country

24 33134

25 USA

29 33114-436730

USA

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUCY, GALE D
220 MIRACLE MILE
SUITE 216
CORAL GABLES FL 33134

81 Name

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

315 Navarre Ave #1

83

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

DATE

7/27/98

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 PD ☐ DELETE
NAME GRASSIE, YVONNE
STREET ADDRESS 2597 TRAPP AVE.
CITY-ST-ZIP MIAMI FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Loren Daniels
1.3 STREET ADDRESS 5850 NW 32 Ave, Miami
1.4 CITY-ST-ZIP FL 33142

TITLE S ☐ DELETE
NAME PANJWANI, ANDREA
STREET ADDRESS 3000 BISCAYNE BLVD, SUITE 500
CITY-ST-ZIP MIAMI FL

2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME Olga Golik
2.3 STREET ADDRESS 701 Lincoln Rd, Miami Beach, FL 33131
2.4 CITY-ST-ZIP

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

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Jeremiah Richardson
3.3 STREET ADDRESS 2794 SW 32 Ave, Miami, FL 33131
3.4 CITY-ST-ZIP

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

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Yvonne Grassie
4.3 STREET ADDRESS 2597 Trapp Ave, Miami, FL 33131
4.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME DANIEL, LOREN
STREET ADDRESS 5850 NW 32ND AVENUE
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 address.

SIGNATURE:

Loren Daniel

7/27/98 (305) 633-9861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004631

CR2E037 (5/98)