

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90006 020 ****70.00

0028682

DOCUMENT # N08179

1. Corporation Name

MIAMI COALITION FOR THE HOMELESS, INC.

Principal Place of Business

315 NAVARRE AVENUE
STE 1
CORAL GABLES FL 33134
US

Mailing Address

P O BOX 144367
CORAL GABLES FL 33114-367
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/15/1985

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

9. Name and Address of Current Registered Agent

LUCY, GALE D
315 NAVARRE AVENUE, STE 1
CORAL GABLES FL 33134

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 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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DANIELS, LOREN
STREET ADDRESS 5850 N W 32ND AVENUE
CITY-ST-ZIP MIAMI FL 33142

TITLE TD
NAME GOLIK, OLGA
STREET ADDRESS 701 LINCOLN ROAD
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE SD
NAME RICHARDSON, JEREMIAH
STREET ADDRESS 2794 S W 32ND AVENUE
CITY-ST-ZIP MIAMI FL 33131

TITLE D
NAME GRASSIE, YVONNE
STREET ADDRESS 2597 TRAPP AVENUE
CITY-ST-ZIP MIAMI FL 33131

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YVONNE G. GRASSIE

3/10/99

305-285-0707

CR2E037 (1/98)