

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90042 027 \*\*\*\*61.25

<b>DOCUMENT # N08179</b>			
1. Entity Name <b>MIAMI COALITION FOR THE HOMELESS, INC.</b>			
Principal Place of Business <b>2125 BISCAYNE BOULEVARD 225 MIAMI, FL 33137 US</b>		Mailing Address <b>2125 BISCAYNE BOULEVARD 225 MIAMI, FL 33137 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>#200</b>		Suite, Apt. #, etc. <b>#200</b>	
City & State		City & State	
Zip	Country	Zip	Country



**40006073**



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2521237**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>GRASSIE, YVONNE G 3916 IRVINGTON AVE MIAMI, FL 33133</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	P/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRASSIE, YVONNE G	NAME	
STREET ADDRESS	3916 IRVINGTON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLIK, OLGA	NAME	
STREET ADDRESS	9401 BISCAYNE BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138	CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHEAD, LINDA	NAME	
STREET ADDRESS	PO BOX 016700	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33101	CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, ARTHUR J	NAME	
STREET ADDRESS	3000 BISCAYNE BLVD STE 450	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33137	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA CRUZ, SAN JUANITA	NAME	
STREET ADDRESS	1500 BISCAYNE BLVD STE 335	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33132	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ISABEL	NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/05** **305/571-8101**  
Date Daytime Phone #