

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08179

FILED
Apr 19, 2011
Secretary of State

Entity Name: MIAMI COALITION FOR THE HOMELESS, INC.

Current Principal Place of Business:

3550 BISCAYNE BOULEVARD
610
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

3550 BISCAYNE BOULEVARD
610
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 59-2521237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRASSIE, YVONNE G
3916 IRVINGTON AVE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

IBARRA, BARBARA
3550 BISCAYNE BLVD.
SUITE 610
MIAMI, FL 33137 US

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.

SIGNATURE: BARBARA

04/19/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S/D
Name: PITTMAN, JASON
Address: PO BOX 01-3279
City-St-Zip: MIAMI, FL 33101 US

Title: T/D
Name: ROSINEK, JEFFREY
Address: 535 BIRD ROAD
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D
Name: JUNGE, BARBARA
Address: 10850 N. BAYSHORE DRIVE
City-St-Zip: MIAMI, FL 33161 US

Title: D
Name: VIGUES-PITAN, MONICA
Address: 3000 BISCAYNE BLVD STE 500
City-St-Zip: MIAMI, FL 33137 US

Title: P/D
Name: CLARK-TROTMAN, PAULINE
Address: 541 NW 47TH TERRACE
City-St-Zip: MIAMI, FL 33127 US

Title: V/D
Name: BREWSTER, LUTHER
Address: 11200 SW 8TH STREET, HLS-573
City-St-Zip: MIAMI, FL 33199 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA

ED

04/19/2011

Electronic Signature of Signing Officer or Director

Date