

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08179

**FILED**  
**Jan 18, 2012**  
**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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: T/D  
Name: SALORT, ILEANA  
Address: 432 LORETTO AVENUE  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: S/D  
Name: BELL, CLEVE  
Address: 968 NW 2ND STREET  
City-St-Zip: MIAMI, FL 33128 US

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

ED

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date