FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:46

DOCUMENT # N26994 (6)

1. Corporation Name
PINELLAS COUNTY COALITION FOR THE HOMELESS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5242 LARGO FL 34649	P.O. BOX 5242 LARGO FL 34649

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1988
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2935116 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: P.O. Box 11195
22: Suite, Apt. #, etc.
23: City & State: St. Petersburg FL
24: Zip: 33733 25: Country

2a. Mailing Address
26: P.O. Box 11195
27: Suite, Apt. #, etc.
28: City & State: St. Petersburg FL
29: Zip: 33733 30: Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MALCOM, DONALD 2510 CENTRAL AVE ST PETERSBURG FL 33712	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 607.0502 and 607.1508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Donald F Malcolm — 1/31/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MALCOM, DONALD	1.2 NAME	
STREET ADDRESS	2510 CENTRAL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WOLF, STEVE	2.2 NAME	
STREET ADDRESS	429 6TH AVE S	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, GREG	3.2 NAME	
STREET ADDRESS	410 N FT HARRISON	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	KURTZ, DIANN	4.2 NAME	
STREET ADDRESS	158 RIDGE RD NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34640	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, CLIFFORD	5.2 NAME	
STREET ADDRESS	150 FIFTH STREET N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Diann Kurtz Diann Kurtz T — 1/31/95 — 813-393-5556
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Daytime Phone #

0007364