

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 28 1997 8:00am
Secretary of State**DOCUMENT # N26994 (6)**

1. Corporation Name

PINELLAS COUNTY COALITION FOR THE HOMELESS, INC.

Principal Place of Business

Mailing Address

P O BOX 11195
ST. PETERSBURG FL 33733
USP O BOX 11195
ST. PETERSBURG FL 33733-1195
US3. Date Incorporated or Qualified
06/17/19883a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

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 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: *Donald Malcom, Pres*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MALCOM, DONALD	
STREET ADDRESS	2510 CENTRAL AVE	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOLF, STEVE	
STREET ADDRESS	429 6TH AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33710	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSE, GREG	
STREET ADDRESS	410 N FT HARRISON	
CITY-ST-ZIP	CLEARWATER FL 34615	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	KURTZ, DIANN	
STREET ADDRESS	158 RIDGE RD NW	
CITY-ST-ZIP	LARGO FL 34640	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, CLIFFORD	
STREET ADDRESS	150 FIFTH STREET N	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Donald Malcom, Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051314

CR2E037 (9/96)