

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N26994** (6)  
1. Corporation Name  
**PINELLAS COUNTY COALITION FOR THE HOMELESS, INC.**



Principal Place of Business <b>P O BOX 11195 ST. PETERSBURG FL 33733 US</b>	Mailing Address <b>P O BOX 11195 ST. PETERSBURG FL 33733 US</b>
--	--

2. Principal Place of Business <b>21 9700 Koger Blvd.</b> Suite, Apt. #, etc. <b>22 Suite 112</b> City & State <b>23 St. Petersburg, FL</b> Zip <b>24 33702</b> Country <b>25 US</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>
--	--

3. Date Incorporated or Qualified <b>06/17/1988</b>	4. FEI Number <b>59-2935116</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>MALCOM, DONALD 2510 CENTRAL AVE ST PETERSBURG FL 33712</b>	
--	--

10. Name and Address of New Registered Agent	
81 Name <b>Gregg E. Rose</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>2100 Nursery Road</b>
83 <b># H-9</b>	84 City <b>Clearwater</b>
85 <b>FL</b>	86 Zip Code <b>33764</b>

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  **Gregg E. Rose, PRESIDENT** DATE **1/9/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MALCOM, DONALD</b>	
STREET ADDRESS <b>2510 CENTRAL AVE</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL 33712</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WOLF, STEVE</b>	
STREET ADDRESS <b>429 8TH AVE S</b>	
CITY-ST-ZIP <b>ST PETERSBURG FL 33710</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ROSE, GREG</b>	
STREET ADDRESS <b>410 N FT HARRISON</b>	
CITY-ST-ZIP <b>CLEARWATER FL 34615</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KURTZ, DIANN</b>	
STREET ADDRESS <b>158 RIDGE RD NW</b>	
CITY-ST-ZIP <b>LARGO FL 34640</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>SMITH, CLIFFORD</b>	
STREET ADDRESS <b>150 FIFTH STREET N</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL 33701</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>President PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Gregg E. Rose</b>	
1.3 STREET ADDRESS <b>2100 Nursery Rd. # H-9</b>	
1.4 CITY-ST-ZIP <b>Clearwater, FL 33764</b>	
2.1 TITLE <b>VICE PRESIDENT VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Diann Kurtz</b>	
2.3 STREET ADDRESS <b>863 3rd Avenue N.</b>	
2.4 CITY-ST-ZIP <b>St. Petersburg, FL 33701</b>	
3.1 TITLE <b>Secretary SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Helene K. Pierce</b>	
3.3 STREET ADDRESS <b>301 4th Street S.W.</b>	
3.4 CITY-ST-ZIP <b>Largo, FL 33779</b>	
4.1 TITLE <b>Treasurer TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Beth Gil</b>	
4.3 STREET ADDRESS <b>2510 Central Avenue</b>	
4.4 CITY-ST-ZIP <b>St. Petersburg, FL 33712</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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  **Gregg E. Rose, PRESIDENT** DATE **1/9/98**

CR2E037 (10/97)