1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N26994**

1. Corporation Name

PINELLAS COUNTY COALITION FOR THE HOMELESS, INC.

Principal Place of Business 9700 KOGER BLVD STE. 112 ST. PETERSBURG FL 33702 US

Mailing Address

P O BOX 11195

ST. PETERSBURG FL 33733

## **FILED** May 27, 1999 8:00 am § Secretary of State

05-27-1999 90007 008 \*\*\*\*61.25



2. Principal F	Place of Business 2a. Mailing Address			3. Date incorporated or Qualifect	<del></del>			
	S				06/17/1988	•		
	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	<del></del>	4 - 15 - 4 5	
					59-2935116	<b>⊢</b>	Applied For	
22 <b>%</b> 33 City & Sta	to .	City & State			39 2933110		Not Applicable	
		<del>├</del> '			5. Certifcate of Status Desired	, ,	5 Additional	
23 57. 5	etersburg FC	28			<u> </u>	Fee	Required	
<u>-</u> -¬ <sup>∠ιρ</sup>	Country	Zip	_ Country		6. Election Campaign Financing	1 1	May Be	
24	25 <b>R</b> U.S.	29 3	o l		Trust Fund Contribution		d to Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81 Name				
Rose, Gregg e				82 Street Address (P.O. Box Number is Not Acceptable)				
2100 NURSERY RD				or other radios (1.0. Dox radinos is not recopiade)				
H-9								
CLEARWATER FL 33764								
OLEANWAICH FL 33/04				City		FL  85   Zi	p 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.								
agent. I a	m familiar with, and accept the obligation		a Statutes	•				
SIGNATURE	Myx Kore	<u> </u>	· 'Ko	<b>SC</b>	President_	3/17/99		
12.	Signature, typed in printer the of registered agent a			t signature requir	red when reinstating)	DATE TO SERVICE	5000 11.40	
	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF			
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Chang	e 🗌 Addition	
NAME	ROSE, GREGG E		1.2 NAME					
STREET ADDRESS	2100 NURSERY RD, H-9		1.3 STREET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33764		1.4 CITY-\$1	-ZIP				
TITLE	VPD	☐ DELETE	2.1 TITLE			☐ Chang	e 🔲 Addition	
NAME	KURTZ, DIANN		2.2 NAME	1				
STREET ADDRESS	l <del></del>		2.3 STREET	ADDRESS			1	
CriY-ST-ZIP	ST PETERSBURG FL 33701	•	2. 4 CITY- S					
TITLE	SD	DELETE	3.1 TITLE		errespen	Chang	e [] Addition	
NAME	<del></del>	2	3.2 NAME	بخرا	Brancon	aid "	C	
	PIERCE, HELENE K			<b>  ♦</b> <	enee over	ork.la		
STREET ADDRESS	00 0. 0		3.3 STREET	ADDRESS   1 2	336 dimented to	π <del>-</del> -		
CITY-ST-ZIP	LARGO FL 33779		3.4. CITY-S	r-zip	Percenting Pence Bosoecom 23 6 9 Mstreet No 3t. Petersburg, FL	33705		
TITLE	TD	☐ DELETE	4.1 TITLE	1	O.	☐ Chang	e 🔲 Addition	
NAME	GIL, BETH	i	4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CrTY-ST-ZIP	ST PETERSBURG FL 33712		4.4 CITY-ST	-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE			Change	e 🔲 Addition	
NAME	SMITH, CLIFFORD		5.2 NAME					
STREET ADDRESS	150 FIFTH STREET N		5.3 STREET	ADDRESS			ſ	
CITY+ST-ZIP	ST. PETERSBURG FL 33701		5.4 CITY-ST	-ZIP				
TITLE	<u> </u>	☐ DELETE	6.1 TITLE			☐ Change	e	
NAME	!	<u>-</u> ·	6.2 NAME					
			6.3 STREET	ADDDESS			Į	
STREET ADDRESS	l						Î	
CITY-ST-ZIP			6.4 CITY-ST	-ZIP ]			i	

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 chapted, or or an attachment with an address, with all other like empowered.

SIGNATURE:

Rose, PRES. 3/17/99 (727) 586-5638