2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
03-22-2002 90065 030 ****61.25

DOCUMENT # N26994

1. Entity Name

PINELLAS COUNTY COALITION FOR THE HOMELESS, INC.

Principal Place of Business	Mailing Address
SANDERLIN CENTER #23 ST. PETERSBURG FL 33702 US	P O BOX 11195 ST. PETERSBURG FL 33733 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2510 Central AVE	P.O. BOX 11195
Suite, Apt. #, etc.: 304	Suite, Apt. #, etc.:
City & State: St. Petersburg, Fl	City & State: St. Petersburg, FL
Zip: 33712 Country: Pinellas	Zip: 33733 Country: Pinellas

4. FEI Number: 59-2935116 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSE, GREGG E 2100 NURSERY RD H-9 CLEARWATER FL 33764	Name: Beth Eschenfelder Street Address (P.O. Box Number is Not Acceptable): 2510 Central AVE City: St. Petersburg FL Zip Code: 33701

8. 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: (Beth Eschenfelder) 3-6-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSE, GREGG E 2100 NURSERY RD, H-9 CLEARWATER FL 33764	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President-D Beth Eschenfelder 2510 Central Ave St Petersburg, FL 33701	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KURTZ, DIANN 863 3RD AVE N ST PETERSBURG FL 33701	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President-D Christopher DeWitt 21 9th Street South St. Petersburg, FL 33705	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOCORGOMID, RENEE 1238 9TH ST N SAINT PETERSBURG FL 33705	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary-D Debbie Rowland 423 11th Avenue South St. Petersburg, FL 33701	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ESCHENFEWER, BETH 2310 CENTRAL AVE ST PETERSBURG FL 33712	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer-D Pat Daly 11254 58th Street North Pinellas Park, FL 33782	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, CLIFFORD 150 FIFTH STREET N ST. PETERSBURG FL 33701	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (Beth Eschenfelder) 3-6-02 727-328-1990 x201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #