

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26994

FILED
Sep 15, 2004
Secretary of State

Entity Name: PINELLAS COUNTY COALITION FOR THE HOMELESS, INC.

Current Principal Place of Business:

2510 CENTRAL AVE
SUITE 304
SAINT PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 11195
ST. PETERSBURG, FL 33733 US

New Mailing Address:

FEI Number: 59-2935116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESCHENFELDER, BETH
2510 CENTRAL AVE
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

BRANT, PAUL E
2510 CENTRAL AVE
SAINT PETERSBURG, FL 33701 US

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: P. EDWARD BRANT

09/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ESCHENFELDER, BETH
Address: 523 6TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VD () Delete
Name: DEWITT, CHRISTOPHER
Address: 445 31ST N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: S () Delete
Name: JACKSON, RAMONA LISA
Address: 868 24TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: T () Delete
Name: VARGO, MARK PH.D
Address: 11244 FRIGATE BIRD AVE
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRANT, PAUL E
Address: 18436 STERLING SILVER CIRCLE
City-St-Zip: LUTZ, FL 33549

Title: VD (X) Change () Addition
Name: PERRY, EDWARD
Address: 186 22ND AVE. N #4
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: S (X) Change () Addition
Name: CHANDLER, HARRIETT
Address: 656 15TH AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: P. EDWARD BRANT

PD

09/15/2004

Electronic Signature of Signing Officer or Director

Date