

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90040 011 ****61.25

DOCUMENT # N26994

1. Entity Name

PINELLAS COUNTY COALITION FOR THE HOMELESS, INC.



Principal Place of Business

**2510 CENTRAL AVE
SUITE 304
SAINT PETERSBURG FL 33712
US**

Mailing Address

**P O BOX 11195
ST. PETERSBURG FL 33733
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BRANT, PAUL E ☐ Delete
STREET ADDRESS 18436 STERLING SILVER CIRCLE
CITY-ST-ZIP LUTZ FL 33549

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME PERRY, EDWARD
STREET ADDRESS 186 22ND AVE. N #4
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE V ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME CHANDLER, HARRIETT
STREET ADDRESS 656 15TH AVE NE
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME VARGO, MARK PH.D
STREET ADDRESS 11244 FRIGATE BIRD AVE
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE T ☐ Change ☒ Addition
NAME Rosemary Sugar
STREET ADDRESS 19823 Gulf Blvd #24
CITY-ST-ZIP Indian Shores, Florida 33785

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

P. Edward Brant
P. Edward Brant

3/1/05

Date

Daytime Phone #