2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26994

FILED Apr 25, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2510 CENTRAL AVE 5180 62ND AVENUE NORTH SUITE 304 PINELLAS PARK, FL 33781 US

SAINT PETERSBURG, FL 33712 US

Current Mailing Address: New Mailing Address:

P O BOX 11195 5180 62ND AVENUE NORTH ST. PETERSBURG, FL 33733 US PINELLAS PARK, FL 33781 US

FEI Number: 59-2935116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRANT, PAUL E SNYDER, SARAH K 2510 CENTRAL AVE 5180 62ND AVE NO

SAINT PETERSBURG, FL 33701 US PINELLAS PARK, FL 33781 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: SARAH K SNYDER 04/25/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: BRANT, PAUL E Name: GRIFFIN-DOHERTY, JACKIE

Address: 18436 STERLING SILVER CIRCLE Address: 4725 E SENECA AVE

City-St-Zip: LUTZ, FL 33549 City-St-Zip: TAMPA, FL 33617

Title: V () Delete Title: V (X) Change () Addition Name: PERRY, EDWARD Name: LYTH, SANDRA

 Address:
 186 22ND AVE. N #4
 Address:
 14241 110TH TERR. NO.

 City-St-Zip:
 SAINT PETERSBURG, FL 33704
 City-St-Zip:
 LARGO, FL 33774

Title: S () Delete Title: S (X) Change () Addition Name: CHANDLER, HARRIETT Name: JACKSON, LISA

Address: 656 15TH AVE NE Address: 868 24TH AVE NO

City-St-Zip: SAINT PETERSBURG, FL 33704 City-St-Zip: SAINT PETERSBURG, FL 33704

Name:SUGAR, ROSEMARYName:PARKER, JEFFAddress:19823 GULF BLVD #24Address:1240 DARLINGTON OAK CIRCLE NE

City-St-Zip: INDIAN SHORES, FL 33785 Address: 1240 DARCHINGTON CARCHINGTON CAR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SARAH K SNYDER ED 04/25/2006