

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26994

FILED
Feb 26, 2007
Secretary of State

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

Current Principal Place of Business:

5180 62ND AVENUE NORTH
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

5180 62ND AVENUE NORTH
PINELLAS PARK, FL 33781 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:

SNYDER, SARAH K
5180 62ND AVE NO
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRIFFIN-DOHERTY, JACKIE
Address: 4725 E SENECA AVE
City-St-Zip: TAMPA, FL 33617

Title: V () Delete
Name: LYTH, SANDRA
Address: 14241 110TH TERR. NO.
City-St-Zip: LARGO, FL 33774

Title: S () Delete
Name: JACKSON, LISA
Address: 868 24TH AVE NO
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: T () Delete
Name: PARKER, JEFF
Address: 1240 DARLINGTON OAK CIRCLE NE
City-St-Zip: ST PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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

02/26/2007

Electronic Signature of Signing Officer or Director

Date