

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26994

FILED  
Mar 10, 2009  
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: JACKSON, LISA  
Address: 5180 62ND AVE. N.  
City-St-Zip: PINELLAS PARK, FL 33781

Title: V ( ) Delete  
Name: COOLEY, M. DUGGAN  
Address: 503 MLK JR. ST.  
City-St-Zip: CLEARWATER, FL 33765

Title: S ( ) Delete  
Name: CANTY, SUSAN  
Address: 814 4TH AVE. N.  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T ( ) Delete  
Name: STONE, MARLO E  
Address: 1120 N BETTY LANE  
City-St-Zip: CLEARWATER, FL 33755

**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 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: LISA JACKSON

DIR

03/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date