

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27243

FILED
Feb 02, 2009
Secretary of State

Entity Name: COALITION FOR THE HOMELESS OF PASCO COUNTY, INC.

Current Principal Place of Business:

5652 PINE ST
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 757
NEW PORT RICHEY, FL 34656 US

New Mailing Address:

FEI Number: 59-2896495 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NOVICK, SHERI
7524 PLATHE ROAD
NEW PORT RICHEY, FL 34653 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: CAMPBELL, DAN
Address: 3214 US HIGHWAY 19
City-St-Zip: HOLIDAY, FL 34691 US

Title: T () Delete
Name: NOVICK, SHERI
Address: 7524 PLATHE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: S () Delete
Name: SANCHEZ, MARY
Address: 10934 US HIGHWAY 19 #206
City-St-Zip: PORT RICHEY, FL 34668 US

Title: VP () Delete
Name: COBLE, ANDREW
Address: 7522 PLATHE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34653 US

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: SHERI NOVICK

T

02/02/2009

Electronic Signature of Signing Officer or Director

Date