

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27243

**FILED**  
**Feb 22, 2011**  
**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:**

KING, KRISTEN  
8040 WASHINGTON STREET  
PORT RICHEY, FL 34668 US

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

ANTIOCO, DEBBIE  
7809 MASSACHUSETTS AVENUE  
NEW PORT RICHEY, FL 34653 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: DEBBIE ANTIOCO

02/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CAMPBELL, DAN  
Address: 3214 US HIGHWAY 19  
City-St-Zip: HOLIDAY, FL 34691 US

Title: T  
Name: ANTIOCO, DEBBIE  
Address: 7809 MASSACHUSETTS AVENUE  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: S  
Name: LITTLEFIELD, ANGELA  
Address: 7801 MARYLAND AVENUE  
City-St-Zip: HUDSON, FL 34667 US

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

I hereby 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 all other like empowered.

SIGNATURE: DEBBIE ANTIOCO

T

02/22/2011

Electronic Signature of Signing Officer or Director

Date