

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27243

**FILED**  
**Apr 16, 2012**  
**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:**

ANTIOCO, DEBBIE  
7809 MASSACHUSETTS AVENUE  
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  
**Name:** CAMPBELL, JAMES  
**Address:** 7935 RANCH ROAD  
**City-St-Zip:** PORT RICHEY, FL 34668 US

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

**Title:** S  
**Name:** MONTI, ED  
**Address:** 7809 MASSACHUSETTS AVENUE  
**City-St-Zip:** NEW PORT RICHEY, FL 34653 US

**Title:** VP  
**Name:** LITTLEFIELD, ANGELA  
**Address:** 7909 RHODES ROAD  
**City-St-Zip:** HUDSON, FL 34667 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

04/16/2012

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

\_\_\_\_\_  
Date