

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36104 (0)**

1. Corporation Name  
**FLORIDA COALITION FOR THE HOMELESS, INC.**



Principal Place of Business <b>C/O BLUM, HELAINE 100 EAST ROBINSON STREET ORLANDO FL 3281 US</b>	Mailing Address <b>C/O BLUM, HELAINE 100 EAST ROBINSON STREET ORLANDO FL 32801 US</b>
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3. Date Incorporated or Qualified <b>01/16/1990</b>
4. FEI Number <b>59-2981086</b>
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Not Applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BLUM, HELAINE  
100 EAST ROBINSON STREET  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>BLUM, HELAINE</b>
STREET ADDRESS	<b>100 E ROBINSON</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE
NAME	<b>ROGERS, BOB</b>
STREET ADDRESS	<b>16 W. MAIN ST</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MAC DONALD, DONNA</b>
STREET ADDRESS	<b>2800 BISCAYNE BLVD, STE 600</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GRAY, ED</b>
STREET ADDRESS	<b>1585 EAST BLOUT STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE
NAME	<b>DUHIG, JOHN</b>
STREET ADDRESS	<b>1701 S TUTTLE AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JUNGE, BARBARA</b>
STREET ADDRESS	<b>305 GALEN DR</b>
CITY-ST-ZIP	<b>KEY BISCAYNE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>DVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SEPIELLI, DIANNE</b>
3.3 STREET ADDRESS	<b>600 SE 3rd Ave., 7th Floor</b>
3.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
4.1 TITLE	<b>DT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>FLAVELLE, JEAN</b>
4.3 STREET ADDRESS	<b>639 W. Central Blvd.</b>
4.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>301 Sunrise Dr.</b>
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Helaine M. Blum* Helaine M. Blum, President 4/6/98 (407)841-8310

CR2E037 (10/97)