2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008
Secretary of State

DOCUMENT# N36104

Entity Name: FLORIDA COALITION FOR THE HOMELESS, INC.

Current Principal Place of Business:

606 W 4TH AVE
STE 12
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

606 W. 4TH AVE
STE 12
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-2981086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUBBARD, LOUISE
2525 ST. LUCIE AVENUE
VERO BEACH, FL 32960 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: DP ( ) Delete
Name: NUCKLES, RAYME
Address: P.O. BOX 360181
City-St-Zip: TAMPA, FL 33673

Title: DV ( ) Delete
Name: GRIFFIN-DOHERTY, JACKIE
Address: 6655 66TH STREET
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete
Name: HUBBARD, LOUISE
Address: 2525 ST. LUCIE AVE
City-St-Zip: VERO BEACH, FL 32960

Title: D ( ) Delete
Name: DANIELS, KAY
Address: 1311 BALBOA AVE
City-St-Zip: PANAMA CITY, FL 32401

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: D (X) Change ( ) Addition
Name: SHEPHERD, STEPHANIE
Address: 2729 W. PENSACOLA STREET
City-St-Zip: TALLAHASSEE, FL 32304

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: LOUISE HUBBARD D 02/14/2008

Electronic Signature of Signing Officer or Director — Date