

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 17, 2011**  
**Secretary of State**

DOCUMENT# N36104

**Entity Name:** FLORIDA COALITION FOR THE HOMELESS, INC.**Current Principal Place of Business:**2952 WELLINGTON CIRCLE  
TALLAHASSEE, FL 32309 US**New Principal Place of Business:**2525 ST LUCIE AVENUE  
VERO BEACH, FL 32960 US**Current Mailing Address:**2952 WELLINGTON CIRCLE  
TALLAHASSEE, FL 32309 US**New Mailing Address:**PO BOX 3764  
TALLAHASSEE, FL 32315 US**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  
Name: MARTIN, RICHARD  
Address: 1445 2ND STREET  
City-St-Zip: SARASOTA, FL 34236

Title: DV  
Name: EDWARDS, SUZANNE  
Address: 258 NW BURK AVENUE  
City-St-Zip: LAKE CITY, FL 32055

Title: DT  
Name: HUBBARD, LOUISE  
Address: 2525 ST LUCIE AVENUE  
City-St-Zip: VERO BEACH, FL 32960

Title: DS  
Name: WHEELER, BARBARA  
Address: PO BOX 1527  
City-St-Zip: EUSTIS, FL 32727

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: LOUISE HUBBARD

DT

10/17/2011

Electronic Signature of Signing Officer or Director

Date