

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N43496

(1)

1. Corporation Name

THE "SET FREE" HOMELESS COALITION, INC.



Principal Place of Business

Mailing Address

252 NE 29 ST  
POMPANO BEACH FL 33064

252 NE 29 ST  
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified

05/20/1991

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZANDERS, JOHNNY L.  
1620 NW 1ST WAY  
POMPANO BEACH FL 33060

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D

ZANDERS, JOHNNY L.  
1620 NW 1ST WAY  
POMPANO BEACH FL

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D

DOVE-ZANDERS, HAZEL  
1620 NW 1ST WAY  
POMPANO BEACH FL

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D

HOLMES, MARION R.  
1757 NW 58TH AVE.  
LAUDERHILL FL

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D

SPILLER, LARRY  
2524 LITTLE RIVE DR.  
FT. LAUDERDALE FL

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHNNY L. ZANDERS SR.

2/5/96 (954) 946-8599

CR2E037 (12/95)