

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008150

Entity Name: FLORIDA SUPPORTIVE HOUSING COALITION, INC.

FILED
Feb 23, 2023
Secretary of State
3831767781CC

Current Principal Place of Business:

3740 BEACH BLVD
304
JACKSONVILLE, FL 32207

Current Mailing Address:

P.O. BOX 11242
TALLAHASSEE, FL 32302 US

FEI Number: 26-0021281

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAZWORTH, SHANNON P
3740 BEACH BLVD
304
JACKSONVILLE, FL 32207 US

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

Officer/Director Detail :

Title DIRECTOR
Name NAZWORTH, SHANNON
Address 3740 BEACH BLVD
304
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER
Name HAMER, JANET
Address MCFL3-066; 1060 W INTERNATIONAL
SPEEDWAY BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title PRESIDENT
Name GOLIK, OLGA
Address 4175 WEST 20 AVE
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR
Name BARCUS, MARIA
Address 2857 CHANCERY LANE
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name HUMBURG, JACK
Address 445 31ST STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33713

Title DIRECTOR
Name NEWSON, SANDRA
Address 155 SOUTH MIAMI AVE S 850
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name BEATON, JOY
Address 2807 N. TAMiami TRAIL
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name BROWN-WOOFER, MELANIE
Address 316 E. PARK AVENUE
City-State-Zip: TALLAHASSEE FL 32301

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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: OLGA GOLIK

PRESIDENT

02/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WYCHE, DONNA
Address 2002A MICHIGAN STREET
City-State-Zip: ORLANDO FL 32806

Title VP
Name MORGAN, SUSAN
Address 5707 N. 22ND STREET
City-State-Zip: TAMPA FL 33610

Title DIRECTOR
Name PUCKETT, JILL
Address 28 ENDEVOR DR
City-State-Zip: PANACEA FL 32346

Title DIRECTOR
Name ARADANAS, AUDREY
Address 3250 SW 3TD AVE
FL 2
City-State-Zip: MIAMI FL 33129

Title DIRECTOR
Name GIESE, GAYLE
Address 1800 E. OAK KNOLL CIR.
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name WICKHAM, MARK
Address 7524 PLANTHE ROAD
City-State-Zip: NEW PORT RITCHEY FL 34653

Title DIRECTOR
Name HANSON, KATHERINE
Address 2473 CARE DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name SACINO, LEEANNE
Address P.O. BOX 60614
City-State-Zip: PALM BAY FL 32906

Title DIRECTOR
Name STRINGFELLOW, JANET
Address 200 2ND AVE S
PMB #436
City-State-Zip: SAINT PETERSBURG FL 33701

Title DIRECTOR
Name KELLY, NATALIE
Address 122 S. CALHOUN ST.
City-State-Zip: TALLAHASSEE FL 32301