

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008150

Entity Name: FLORIDA SUPPORTIVE HOUSING COALITION, INC.

FILED
May 01, 2019
Secretary of State
3318710720CC

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 CORDIAL, GAIL
Address 8186 GLENMORE DRIVE
City-State-Zip: TALLAHASSEE FL 32312

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

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

Title SECRETARY
Name FARMER, DANA
Address 1990 MALLORY SQUARE
City-State-Zip: TALLAHASSEE FL 32308

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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

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FONTAINE, MARK
Address 2868 MAHAN DRIVE SUITE 1
City-State-Zip: TALLAHASSEE FL 32308

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

Title DIRECTOR
Name GRIFFIN, TOM
Address 3000 5TH STREET
City-State-Zip: ST. CLOUD FL 34769

Title DIRECTOR
Name ZUCKERMAN, STEVE
Address 7425 SW 140 TERRACE
City-State-Zip: MIAMI FL 33158

Title DIRECTOR
Name BROWN, KAREN
Address 4300 SW 13TH ST
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name ESPOSITO, FRAN
Address 920 NW 7TH AVENUE
City-State-Zip: FORT LAUDERDALE FL 33311

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

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

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

Title DIRECTOR
Name DEPALMA, TONY
Address 2473 CARE DRIVE, SUITE 200
City-State-Zip: TALLAHASSEE FL 32308

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

Title DIRECTOR
Name CLAPP, DAVID
Address 719 S US HIGHWAY 301
City-State-Zip: TAMPA FL 33619