

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008150

**Entity Name:** FLORIDA SUPPORTIVE HOUSING COALITION, INC.

**FILED**  
**May 04, 2021**  
**Secretary of State**  
**0286715039CC**

**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**

**05/04/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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 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 LUCAS, MELISSA  
Address P.O. BOX 11242  
City-State-Zip: TALLAHASSEE FL 32302

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

Title DIRECTOR  
Name WICKHAM, MARK  
Address 7524 PLANTHE 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