

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000007126

**FILED**  
**Feb 18, 2015**  
**Secretary of State**  
**CC0653183393**

**Entity Name:** PANORAMA HOMELESS COALITION,INC.

**Current Principal Place of Business:**

1001 N. OAK STREET  
STARKE, FL 32091

**Current Mailing Address:**

1001 N. OAK STREET  
STARKE, FL 32091 BR

**FEI Number: 11-3686903**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GREEN, REGINALD A  
1001 N. OAK STREET  
STARKE, FL 32091 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 P  
Name MAYNARD, ROBERT H  
Address 701 NE. 44 STREET  
City-State-Zip: Ocala FL 34479

Title VP  
Name LONG, MOSES JR  
Address 3624 WHITEHALL STREET  
City-State-Zip: PALATKA FL 32177

Title TD  
Name JOHNSON, LULA  
Address 2650 NW 145 STREET  
City-State-Zip: CITRA FL 32113

Title S  
Name GREEN, RASHONDA A  
Address 1001 N. OAK STREET  
City-State-Zip: STARKE FL 32091

Title C  
Name GREEN, REGINALD A  
Address 1001 N. OAK STREET  
City-State-Zip: STARKE FL 32091

Title ADM  
Name SMITH, PRISCILLA F  
Address 1103 N.OAK STREET  
City-State-Zip: STARKE FL 32091

*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: REGINALD GREEN**

**CHAIRMAN**

**02/18/2015**

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

\_\_\_\_\_  
Date