

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 25, 2014
Secretary of State
CC9510243658

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

02/25/2014

Electronic Signature of Signing Officer/Director Detail

Date