

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19452

**Entity Name:** COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

18 NORTH TERRY AVENUE  
ORLANDO, FL 32801-2211

**Current Mailing Address:**

18 N TERRY AVENUE  
ORLANDO, FL 32801 US

**FEI Number:** 59-2814255

**Certificate of Status Desired:** No

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

KRALL, ALLISON  
18 N. TERRY AVE  
ORLANDO, FL 32801 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:** ALLISON KRALL

05/30/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, & CHAIR-FINANCE  
Name           HOMSI, MITRI  
Address        201 E. PINE STREET, SUITE 801  
City-State-Zip: ORLANDO FL 32801

Title           CHAIRMAN  
Name           LALIKOS, BEN  
Address        150 N. ORANGE AVE., STE. 111  
City-State-Zip: ORLANDO FL 32801

Title           PCEO  
Name           KRALL, ALLISON M  
Address        18 N. TERRY AVE  
City-State-Zip: ORLANDO FL 32801

Title           VC  
Name           NIMKOFF, LOU  
Address        1095 W. MORSE BLVD., STE. 5  
City-State-Zip: WINTER PARK FL 32789

Title           SECRETARY  
Name           BUTTERSTEIN, BRAD  
Address        18 N TERRY AVENUE  
City-State-Zip: ORLANDO FL 32801

*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:** ALLISON KRALL

**PRESIDENT/CEO**

05/30/2023

Electronic Signature of Signing Officer/Director Detail

Date