

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

DOCUMENT# N28161

**FILED**  
**Apr 02, 2015**  
**Secretary of State**  
**CC5041371071**

**Entity Name:** THE HOMELESS COALITION OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

810 DATURA STREET  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

810 DATURA STREET  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 65-0125852

**Certificate of Status Desired:** Yes

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

MUNOZ, MARILYN  
810 DATURA STREET  
WEST PALM BEACH, FL 33401 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            PRES  
Name            GOODMAN, PAMELA  
Address        3603 N. OCEAN BLVD.  
City-State-Zip: GULFSTREAM FL 33483

Title            SECR  
Name            GALLAGHER, NAN  
Address        810 DATURA STREET  
City-State-Zip: WEST PALM BEACH FL 33401

Title            VP  
Name            ION, BRENT  
Address        2515 SAN PEITRO CIRCLE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            EXECUTIVE DIRECTOR  
Name            MUNOZ, MARILYN  
Address        810 DATURA STREET  
City-State-Zip: WEST PALM BEACH FL 33401

Title            TREASURER  
Name            CEREZO, CARLOS  
Address        301 N. OLIVE AVENUE  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** MARILYN MUNOZ

**EXECUTIVE DIRECTOR**

**04/02/2015**

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

\_\_\_\_\_  
Date