

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28161

FILED
Apr 29, 2014
Secretary of State
CC0988000445

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 CARLO, TISH
Address 5300 EAST AVENUE
City-State-Zip: WEST PALM BEACH FL 33407

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

Title TREASURER
Name CEREZO, CARLOS
Address 301 N. OLIVE AVENUE
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: PAMELA GOODMAN

BOARD PRESIDENT

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date