

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36104

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

**Current Principal Place of Business:**

4660 LIPSCOMB ST NE #60614  
PALM BAY, FL 32905

**Current Mailing Address:**

PO BOX 60614  
PALM BAY, FL 32906 US

**FEI Number:** 59-2981086

**Certificate of Status Desired:** No

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

SACINO, LEEANNE  
2195 GUNPOWDER DRIVE NE  
PALM BAY, FL 32905 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:** LEEANNE SACINO

04/08/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name SACINO, LEEANNE  
Address 2195 GUNPOWDER DRIVE NE  
City-State-Zip: PALM BAY FL 32905

Title VP  
Name GWINN, LAURA LEE  
Address 2525 ST LUCIE AVENUE  
City-State-Zip: VERO BEACH FL 32960

Title PRESIDENT  
Name RAMOS, DANIEL  
Address 810 DATURA STREET  
City-State-Zip: WEST PALM BEACH FL 33401

Title TREASURER  
Name ANDERSON, DON  
Address 9020 SHARON DRIVE  
City-State-Zip: ,NEW PORT RICHEY FL 34654

Title SECRETARY  
Name BROWN-SEARLE, VICTORIA  
Address 324 NORTH ST  
City-State-Zip: DAYTONA BEACH FL 32114

*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:** LEEANNE SACINO

EXECUTIVE DIRECTOR

04/08/2021

Electronic Signature of Signing Officer/Director Detail

Date