I hereby certify that the information indicated on this report or supplemental report is true oath; that I am an officer or director of the corporation or the receiver or trustee empower above, or on an attachment with all other like empowered.		
SIGNATURE: LEEANNE SACINO	DT	02/13/2019

### SIGNATURE: LEEANNE SACINO

Electronic Signature of Signing Officer/Director Detail

SIGNATURE	E LOUISE HUBBARD			02/13/2019
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	DT	Title	VP	
Name	SACINO, LEEANNE	Name	GWINN, LAURA LEE	
Address	2525 ST LUCIE AVENUE	Address	2525 ST LUCIE AVENUE	
City-State-Zip:	VERO BEACH FL 32960	City-State-Zip:	VERO BEACH FL 32960	
Title	PRESIDENT	Title	SECRETARY	
rille	PRESIDENT	THUE	SECRETART	
Name	RAMOS, DANIEL	Name	ROSADO, AMANDA	

Address

VERO BEACH, FL 32960 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.

City-State-Zip: WEST PALM BEACH FL 33401

810 DATURA STREET

## **Current Mailing Address:**

2525 ST LUCIE AVENUE VERO BEACH. FL 32960 US

## FEI Number: 59-2981086

## Name and Address of Current Registered Agent:

HUBBARD, LOUISE 2525 ST LUCIE AVENUE

Address

2525 ST LUCIE AVENUE VERO BEACH, FL 32960

# 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N36104

**Current Principal Place of Business:** 

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

## Feb 13, 2019 Secretary of State 9826710185CC

Certificate of Status Desired: No

1367 E. LAFAYETTE STREET, STE. C

City-State-Zip: TALLAHASSEE FL 32301

FILED

02/13/2019

Date