

**2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N36104

**FILED**  
**Oct 05, 2017**  
**Secretary of State**  
**CR7233063047**

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

**Current Principal Place of Business:**

2525 ST LUCIE AVENUE  
VERO BEACH, FL 32960

**Current Mailing Address:**

2525 ST LUCIE AVENUE  
VERO BEACH, FL 32960 US

**FEI Number:** 59-2981086

**Certificate of Status Desired:** Yes

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

HUBBARD, LOUISE  
2525 ST LUCIE AVENUE  
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.*

**SIGNATURE:** LOUISE HUBBARD

10/05/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DT  
Name HUBBARD, LOUISE  
Address 2525 ST LUCIE AVENUE  
City-State-Zip: VERO BEACH FL 32960

Title SECRETARY  
Name JACKSON, CATHY  
Address 2525 ST LUCIE AVENUE  
City-State-Zip: VERO BEACH FL 32960

Title PRESIDENT  
Name WILLIAMS, EUGENE  
Address 123 ELM STREET  
City-State-Zip: NEW PORT RICHEY FL 34656

Title VP  
Name POURCIAU, SUSAN  
Address 2525 ST LUCIE AVENUE  
City-State-Zip: VERO BEACH FL 32960

*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:** LOUISE HUBBARD

**TREASURER**

10/05/2017

Electronic Signature of Signing Officer/Director Detail

Date