# 2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

DOCUMENT# N98000003940

Entity Name: SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE, INC.

**FILED** Jul 24, 2020 Secretary of State 9882481867CC

#### **Current Principal Place of Business:**

1341 MCCARTHY LANE

**APT 114** 

KEY WEST, FL 33040

### **Current Mailing Address:**

1341 MCCARTHY LANE

**APT 114** 

Name

KEY WEST, FL 33045 US

FEI Number: 65-0874896 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

TEITELBAUM, ALAN

DSWONYK, PETER J 1341 MCCARTHY LANE **APT 114** KEY WEST, FL 33040 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: PETER J DSWONYK 07/24/2020

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title CHAIRMAN Title VC

Name DSWONYK, PETER J Name KELLER, CLARE

1341 MCCARTHY LANE Address **611 VIRGINIA STREET** Address

> **APT 114** City-State-Zip:

KEY WEST FL 33040 City-State-Zip: KEY WEST FL 33040

Title **TREASURER** Title **SECRETARY** 

Name BLACK, STEVE

Address 227 GOLF CLUB DRIVE

Address 106 SOUTHARD ST City-State-Zip: KEY WEST FL 33040 APT3

City-State-Zip: KEY WEST FL 33040

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: PETER J DSWONYK

**CHAIRMAN** 

07/24/2020