


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 760280
 1. Entity Name
COMMITTEE ORGANIZING ASSISTANCE & COMMUNITY HELP FOUNDATION INC.



Principal Place of Business Mailing Address
1331 W CASS ST TAMPA FL 33607 US **PO BOX 310747 TAMPA FL 33680-0747 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2168415** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent
DIXON, WILLIE G.
11004 ULSTER COURT
TAMPA FL 33610

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> Delete
NAME	LITTLE, GERALD	
STREET ADDRESS	510 NANTUCKET	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	JENKINS, ANNETTE	
STREET ADDRESS	303 CRAYFORD PLACE	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, WILLIE G	
STREET ADDRESS	11004 ULSTER COURT	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLLINS, SHELIA	
STREET ADDRESS	8700 N 50TH ST., APT. 1408	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRYANT, CHRISTINE	
STREET ADDRESS	3612 E. MCBERRY ST.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000687842
 04/10/07-80055-022 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Willie G. Dixon - WILLIE G. DIXON MARCH 19, 2007 (813) 259-3700