

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760280

FILED  
Feb 18, 2009  
Secretary of State

**Entity Name:** COMMITTEE ORGANIZING ASSISTANCE & COMMUNITY HELP FOUNDATION INC.

**Current Principal Place of Business:**

1331 W CASS ST  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 310747  
TAMPA, FL 336800747 US

**New Mailing Address:**

**FEI Number:** 59-2168415      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

DIXON, WILLIE G.  
11004 ULSTER COURT  
TAMPA, FL 33610 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: LITTLE, GERALD,  
Address: 675 CRYSTAL GROVE  
City-St-Zip: LUTZ, FL 33548

Title: P ( ) Delete  
Name: JENKINS, ANNETTE  
Address: 303 CRAYFORD PLACE  
City-St-Zip: VALRICO, FL

Title: D ( ) Delete  
Name: DIXON, WILLIE G,  
Address: 11004 ULSTER COURT  
City-St-Zip: TAMPA FL, 33610

Title: TD ( ) Delete  
Name: COLLINS, RAY C  
Address: 1308 STATE STREET  
City-St-Zip: TAMPA, FL 33608

Title: S ( ) Delete  
Name: BRYANT, CHRISTINE  
Address: 3612 E. MCBERRY ST.  
City-St-Zip: TAMPA, FL 33610

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIE G. DIXON

D

02/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date