N02000003282

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3



300009102213

12/02/02--01037--018 **35.00

02 DEC -2 PH 2: 05

Office Use Only

DA mharae

T BROWN DEC - 9 2002

TRANSMITTAL LETTER

SUBJECT: Alachua County Coalition for the Homeless and Hungry, Inc.
(Name of corporation)
DOCUMENT NUMBER: NO2000003282
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
James W. Boggs (Name of person)
Alachua County Coalition for the Homeless and Hungry, Inc. (Name of firm/company)
P.O. Box 5494 (Address)
Geinesville, FL 32627-5494 (City/state and zip code)
For further information concerning this matter, please call:
Theresa Harriston at (352) 377–5690 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

TO: Amendment Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of	of change is submitted for a corporation organized under the laws of the State ofin order to change its registered office or registered agent, or both, in the State
of Florida.	in order to change its registered office of registered agent, or both, in the State
•	the corporation: Alachua County Coalition for the Homeless and Hungry, Inc.
2. The principal	l office address:
	Geinesville, FL 32601
3. The mailing	address (if different): P.O. Box 5494
····	Gainesville, FL 32627-5494
4. Date of incor	poration/qualification: 05/02/02 Document number: N0200003282
	d street address of the current registered agent and registered office on file with the attment of State:
	Joseph S. Jackson
	413 South Main Street
	Geinesville, FL 32601
6. The name and changed):	nd street address of the new registered agent (if changed) and /or registered office (if
	James W. Boggs
	912 NE 2 Street
	(P.O. Box or personal mailbox NOT acceptable)
	Gainesville, FL 32601
The street addragent, as change	ess of its registered office and the street address of the business office of its registered ed will be identical.
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
THE	Theresa Harrison, Chair
	r, chairman or vice chairman of the board) (Printed or typed name and title)
I further agree performance of registered agen	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as at. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change.
MAMILE	Signature of Registered Agent) 11-20-02 (Date)
If signing on beha	If of an entity:
James	W. Boggs Secretary
(Typed or Printed Name) (Capacity)

* * * FILING FEE: \$35.00 * * *