


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90002 010 \*\*\*\*70.00

**DOCUMENT # N02000003282**

1. Entity Name  
**ALACHUA COUNTY COALITION FOR THE HOMELESS AND HUNGRY, INC.**



Principal Place of Business  
**912 NE 2ND ST  
 GAINESVILLE, FL 32601**

Mailing Address  
**912 NE 2ND ST  
 GAINESVILLE, FL 32601**



2. Principal Place of Business  
**249 W. UNIVERSITY AVE**

3. Mailing Address  
**PO Box 5494**

Suite, Apt. #, etc.  
**Room 116**

01122004 Chg-NP CR2E037 (10/03)

City & State  
**GAINESVILLE, FL**

City & State  
**GAINESVILLE, FL**

Zip Country  
**32601 US**

Zip Country  
**32627-5494 US**

4. FEI Number  
**43-1960048**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOGGS, JAMES W  
 912 NE 2ND ST  
 GAINESVILLE, FL 32601**

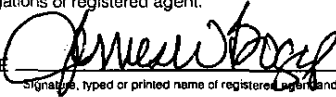
7. Name and Address of New Registered Agent

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  **James W. Boggs, Secretary** **2-17-04**

(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C HARRISON, THERESA 912 NE 2ND ST GAINESVILLE, FL 32601</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MURPHY, BOB 4800 SW 13TH ST GAINESVILLE, FL 32608</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BOGGS, JAMES W 912 NE 2ND ST GAINESVILLE, FL 32601</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HENCIN, JAMES A 306 NE 6TH AVE, ROOM 231 GAINESVILLE, FL 32601</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAWSON, DONNA 1001 NE 16TH AVE GAINESVILLE, FL 32601</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEDGWOOD, CHERYL 4300 SW 13TH ST GAINESVILLE, FL 32608</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE CHAIR GAIL MONAHAN 703 NE 1ST ST GAINESVILLE, FL 32601</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY JAMES W. BOGGS 413 S. MAIN ST. GAINESVILLE FL 32601</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR JOHN SKELLY 218 SE 24TH ST GAINESVILLE, FL 32641</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR THE REV. GORDON TREMAINE 100 NE 1ST ST. GAINESVILLE FL 32601</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR CONNIE DARTER 912 NE 2ND ST GAINESVILLE FL 32601</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Theresa Harrison** **1/16/04** **352 377-5290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #