


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
 Suite, Apt. #, etc.
Room 116

3. Mailing Address
PO Box 5494
 Suite, Apt. #, etc.

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

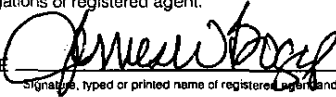
7. Name and Address of New Registered Agent

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**

Signature, typed or printed name of registered agent and title if applicable. (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	C HARRISON, THERESA 912 NE 2ND ST GAINESVILLE, FL 32601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, BOB 4800 SW 13TH ST GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOGGS, JAMES W 912 NE 2ND ST GAINESVILLE, FL 32601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENCIN, JAMES A 306 NE 6TH AVE, ROOM 231 GAINESVILLE, FL 32601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, DONNA 1001 NE 16TH AVE GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEDGWOOD, CHERYL 4300 SW 13TH ST GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete

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