


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90094 012 \*\*\*\*70.00

<b>DOCUMENT # N02000003282</b>					
1. Entity Name ALACHUA COUNTY COALITION FOR THE HOMELESS AND HUNGRY, INC.					
Principal Place of Business 249 W UNIVERSITY AVE. ROOM 116 GAINESVILLE, FL 32601		Mailing Address P.O. BOX 5494 GAINESVILLE, FL 32627-5494		<b>JUUZZJ03</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number <b>43-1960048</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Applied For Not Applicable					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOGGS, JAMES W 912 NE 2ND ST GAINESVILLE, FL 32601			Name <i>Miriam Welly Elliott</i> Street Address (P.O. Box Number is Not Acceptable) <i>413 S. Main St.</i> City <i>Gainesville</i> FL Zip Code <i>32601</i>		
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 <i>Miriam Welly Elliott</i>		<i>Miriam Welly Elliott, Secretary</i>		DATE <i>3-2-05</i>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HARRISON, THERESA 912 NE 2ND ST GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hail, Ronald 703 NE 1st St. Gainesville, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MONAHAN, GAIL 703 NE 1ST ST GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOGGS, JAMES W 413 S MAIN ST. GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Elliott, Miriam W. 413, S. Main St. Gainesville, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JOHN 218 SE 24TH ST. GAINESVILLE, FL 32641	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Skelly, John (same)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREMAINE, GORDON REV. 100 NE 1ST ST. GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C (same)	<input checked="" 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: <i>Gordon H. Tremaine</i>		<i>Gordon H. Tremaine, Chairperson</i>		DATE <i>3-1-05</i> (352) 372-4721	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	