


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90017 009 ****70.00

DOCUMENT # N02000003282					
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			
2. Principal Place of Business 100 NE 1st St.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gainesville, FL		City & State		4. FEI Number 43-1960048	
Zip 32601		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MIRIAM, WELLY E 413 S MAIN ST GAINESVILLE, FL 32601			Name Miriam Welly Elliott		
			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 Miriam Welly Elliott		Miriam Welly Elliott, Secretary		2-22-06	
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, RONALD		NAME		
STREET ADDRESS	703 NE 1ST ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONAHAN, GAIL		NAME		
STREET ADDRESS	703 NE 1ST ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELLIOTT, MIRIAM W		NAME	Elliott, Miriam W.	
STREET ADDRESS	413 S MAIN ST.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENCIN, JAMES A		NAME		
STREET ADDRESS	306 NE 6TH AVE, ROOM 231		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, JOHN		NAME	skelly, John	
STREET ADDRESS	218 SE 24TH ST.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32641		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TREMAINE, GORDON REV.		NAME		
STREET ADDRESS	100 NE 1ST ST.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James A. Hencin		James A. Hencin, Treasurer		2-22-06 352-393-8862	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40017065 ATTACHMENT

Attachment to 2006 Not-For-Profit Corporation Annual Report

Document #N02000003282

Alachua County Coalition for the Homeless and Hungry, Inc.

Block 11. Additional Officers/Directors:

Title: D
Name: Harrison, Theresa
Street Address: 912 NE 2nd St.
Gainesville, FL 32601

Title: D
Name: Pate, Angela
Street Address: 408 W. University Ave., Suite 110A
Gainesville, FL 32601

(2/06)