
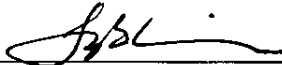



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90003 036 \*\*\*\*70.00

DOCUMENT # N02000003282			
1. Entity Name ALACHUA COUNTY COALITION FOR THE HOMELESS AND HUNGRY, INC.			
Principal Place of Business <del>100 NE 1ST ST</del> GAINESVILLE, FL 32601		Mailing Address P.O. BOX 5494 GAINESVILLE, FL 32627-5494	
2. Principal Place of Business - No P.O. Box # 703 NE 1st St.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gainesville FL		City & State	
Zip 32601	Country	Zip	Country
6. Name and Address of Current Registered Agent  MIRIAM, WELLYE 413 S MAIN ST GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name: Theresa Harrison Street Address (P.O. Box Number is Not Acceptable): 912 NE 2nd St. City: Gainesville FL Zip Code: 32601	
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: <u>Dr. Theresa Harrison</u>  DATE: <u>2/22/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME: HALL, RONALD STREET ADDRESS: 703 NE 1ST ST CITY-ST-ZIP: GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE: Chair NAME: Dr. Theresa Harrison STREET ADDRESS: 912 NE 2nd St. CITY-ST-ZIP: Gainesville FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <del>VE</del> Treasurer NAME: MONAHAN, GAIL STREET ADDRESS: 703 NE 1ST ST CITY-ST-ZIP: GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE: Director NAME: Randy Stacy STREET ADDRESS: 419 NE 1st St CITY-ST-ZIP: Gainesville FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: ELLIOTT, MIRIAM W STREET ADDRESS: 413 S MAIN ST. CITY-ST-ZIP: GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE: Shandra Riffey Director NAME: Shandra Riffey STREET ADDRESS: 320 Azalea Plaza CITY-ST-ZIP: Palatka FL 32177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <del>T</del> NAME: <del>HENGIN, JAMES A</del> STREET ADDRESS: 306 NE 6TH AVE, ROOM 231 CITY-ST-ZIP: GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Delete	TITLE: Georgene Leighton / Director NAME: Georgene Leighton STREET ADDRESS: 703 NE 1st St. CITY-ST-ZIP: Gainesville FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: SKELLY, JOHN STREET ADDRESS: 218 SE 24TH ST. CITY-ST-ZIP: GAINESVILLE, FL 32641	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <del>e</del> NAME: TREMAINE, GORDON REV. STREET ADDRESS: 100 NE 1ST ST. CITY-ST-ZIP: GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Delete	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 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: 		Date: <u>2/22/07</u> (352) 377-5690 Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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02222007 Chg-NP CR2E037 (12/06)

4. FEI Number 43-1960048 Applied For Not Applicable

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