

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003282

FILED  
Jul 07, 2009  
Secretary of State

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

**Current Principal Place of Business:**

703 NE 1ST STREET  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5494  
GAINESVILLE, FL 326275494 US

**New Mailing Address:**

FEI Number: 43-1960048      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HARRISON, THERESA  
2100 NW 53 AVE.  
GAINESVILLE, FL 32653      US

**Name and Address of New Registered Agent:**

MONAHAN, GAIL  
703 NE 1ST STREET  
GAINESVILLE, FL 32601      US

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.

SIGNATURE: GAIL MONAHAN

07/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SELVESTER, RADHA  
Address: 408 W. UNIVERSITY AVE, SUITE 501  
City-St-Zip: GAINESVILLE, FL 32601

Title: T      ( ) Delete  
Name: MONAHAN, GAIL  
Address: 703 NE 1ST ST  
City-St-Zip: GAINESVILLE, FL 32601

Title: VP      ( ) Delete  
Name: STACEY, RANDY  
Address: 419 NE 1ST ST.  
City-St-Zip: GAINESVILLE, FL 32601

Title: S      ( ) Delete  
Name: MARCHESE, VIANNE  
Address: 620 NW 16TH AVE.  
City-St-Zip: GAINESVILLE, FL 32609

Title: D      ( ) Delete  
Name: CLARK, SAM  
Address: 1300 NW 6TH ST.  
City-St-Zip: GAINESVILLE, FL 32601

Title: D      ( ) Delete  
Name: VANN, KENT  
Address: 413 S. MAIN ST.  
City-St-Zip: GAINESVILLE, FL 32601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C      (X) Change ( ) Addition  
Name: MARCHESE, VIANNE  
Address: 1601 SW ARCHER RD  
City-St-Zip: GAINESVILLE, FL 32601

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: SHIELDS, NADIA B  
Address: 4300 SW 13TH ST  
City-St-Zip: GAINESVILLE, FL 32608

Title: S      (X) Change ( ) Addition  
Name: KAHN, DAN  
Address: 901 NW 8TH AVE #D5  
City-St-Zip: GAINESVILLE, FL 32601

Title: D      (X) Change ( ) Addition  
Name: CLARK, SAM  
Address: 3615 SW 13TH ST STE. 4  
City-St-Zip: GAINESVILLE, FL 32626

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIANNE MARCHESE

C

07/07/2009

Electronic Signature of Signing Officer or Director

Date