

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003282

FILED  
Apr 28, 2010  
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 ( )

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: MARCHESE, VIANNE  
Address: 1601 SW ARCHER RD  
City-St-Zip: GAINESVILLE, FL 32601

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: VIANNE MARCHESE

C

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date