

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003282

FILED  
Mar 28, 2012  
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:**

703 NE 1ST STREET  
GAINESVILLE, FL 32601

**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: MONAHAN, GAIL  
Address: 703 NE 1ST STREET  
City-St-Zip: GAINESVILLE, FL 32601

Title: T  
Name: LOWE, THERESA  
Address: 833 NE 4TH AVNUE  
City-St-Zip: GAINESVILLE, FL 32601

Title: VP  
Name: ELLIOTT, MIRIAM  
Address: 1371 SE 24TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32641

Title: S  
Name: KENNEDY, ANNETTE  
Address: 229 SW 5TH STREET  
City-St-Zip: GAINESVILLE, FL 32601

Title: D  
Name: SMITH, JENNIFER  
Address: 2235 NW 65TH RAOD  
City-St-Zip: GAINESVILLE, FL 32653

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: THERESA LOWE

T

03/28/2012

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

\_\_\_\_\_  
Date