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May 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32845 (2)
1. Corporation Name

CHARLOTTE COUNTY HOMELESS COALITION, INC.



Principal Place of Business
~~AZTEC PLAZA
CHARLOTTE HARBOR FL 33980~~

Mailing Address
~~PO BOX 3575
PORT CHARLOTTE FL 33949-3575
US~~

3. Date Incorporated or Qualified 06/15/1989
3a. Date of Last Report 01/29/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number 65-0139525
Applied For Not Applicable

22 UNIT B-11

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

23 PORT CHARLOTTE, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33980 25 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~JOHNSON DAGNY ANN
26385 A. EXPLORER RD.
PUNTA GORDA FL 33983~~

81 Name NICK FORTNEY
82 Street Address (P.O. Box Number is Not Acceptable) 1461 AGUI ESTA DR 41
83
84 City PUNTA GORDA FL 85 Zip Code 33950

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 5/22/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	<input checked="" type="checkbox"/>
NAME	SALERNO, ALICE	
STREET ADDRESS	23208 FULLERTON AVE.	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	DT	<input checked="" type="checkbox"/>
NAME	JOHNSON, DAGNY	
STREET ADDRESS	26385 EXPLORER ROAD	
CITY - ST - ZIP	PUNTA GORDA FL 33983	
TITLE	DS	<input checked="" type="checkbox"/>
NAME	SADOWSKI, CYNTHIA A	
STREET ADDRESS	22428 CHERYL AVE.	
CITY - ST - ZIP	PORT CHARLOTTE FL 33954	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	MARY TOTT		
1.3 STREET ADDRESS	22310 PRISCILLA AVE		
1.4 CITY - ST - ZIP	PORT CHARLOTTE, FL 33954		
2.1 TITLE	V. PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	NICK FORTNEY		
2.3 STREET ADDRESS	1461 AGUI ESTA DR 41		
2.4 CITY - ST - ZIP	PUNTA GORDA FL 33950		
3.1 TITLE	SECRETARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	ROSAE ROBBINS		
3.3 STREET ADDRESS	2615 TAMIAMITRAIL		
3.4 CITY - ST - ZIP	PORT CHARLOTTE FL 33952		
4.1 TITLE	TREASURER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Darleen Krett		
4.3 STREET ADDRESS	3260 Depew Ave.		
4.4 CITY - ST - ZIP	Port Charlotte FL 33952		
5.1 TITLE	Treasurer Ass't.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Isabel Hylton		
5.3 STREET ADDRESS	450 Orlando Blvd.		
5.4 CITY - ST - ZIP	Port Charlotte, FL 33952		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE 5/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

941 5754354
Daytime Phone # 0087438