


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 4456 TAMiami TRAIL UNIT B-11 PORT CHARLOTTE FL 33980 US
---------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified 06/15/1989	
4. FEI Number 65-0139525	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**FORTNEY, NICK
1461 AQUIESTA DR.
A1
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City FL 85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TOTH, MARY 22310 PRISCILLA AVE PORT CHARLOTTE FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FORTNEY, NICK 1461 AQUIESTA DR., A1 PUNTA GORDA FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROBBINS, ROSALYE 2818 TAMiami TRAIL PORT CHARLOTTE FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KREFT, DARLEEN 3280 DEPEW AVE PT CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TA HYLTON, ISABEL 450 ORLANDO BLVD. PT CHARLOTTE FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VPD MICHAEL L. TO RMEY The Promenades mall suite #38 Port Charlotte FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Quell [Signature]* 3-16-98 T.A.

CR2E037 (10/97)