

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90149 044 \*\*\*\*61.25

0062342

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N32845**

1. Corporation Name  
**CHARLOTTE COUNTY HOMELESS COALITION, INC.**

Principal Place of Business AZTEC PLAZA CHARLOTTE HARBOR FL 33980	Mailing Address 4456 TAMiami TRAIL UNIT <del>B-11</del> <b>B-5</b> PORT CHARLOTTE FL 33980 US
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/15/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Unit B-5	4. FEI Number 65-0139525
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	ANA M. ROMILLO		
82 Street Address (P.O. Box Number is Not Acceptable)	2120 LUCKY STREET		
83			
84 City	PORT CHARLOTTE	85 State	FL
		86 Zip Code	33948

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 Ana M. Romillo Ana M. Romillo DATE JAN 31, 1999

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TOTH, MARY	
STREET ADDRESS	22310 PRISCILLA AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FORTNEY, NICK	
STREET ADDRESS	1461 AQUIESTA DR., A1	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROBBINS, ROSALYE	
STREET ADDRESS	2616 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TORAMEL, MICHAEL L	
STREET ADDRESS	THE PROMENADE MALL, SUITE 38	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	TA	<input checked="" type="checkbox"/> DELETE
NAME	HYLTON, ISABEL	
STREET ADDRESS	450 ORLANDO BLVD.	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	ZIP 33948
2.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROMILLO, ANA M.
2.3 STREET ADDRESS	2120 LUCKY ST.
2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBBINS, ROSALIE
3.3 STREET ADDRESS	Correct spelling
3.4 CITY-ST-ZIP	ZIP 33952
4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TORNEY, MICHAEL L.
4.3 STREET ADDRESS	23260 PAINTER AVE.
4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
5.1 TITLE	TA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JORDAN, KAY
5.3 STREET ADDRESS	1134 SALINA AVE
5.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
6.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JONES, PHILIP
6.3 STREET ADDRESS	18401 MURDOCK CIR. 6th FL.
6.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948

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, with all other like empowered.

SIGNATURE: Ana M. Romillo Ana M. Romillo DATE JAN 31, 1999 DAYTIME PHONE # 941/629-8105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER

CR2E037 (1/198)