

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32845

FILED
Feb 01, 2006
Secretary of State

Entity Name: CHARLOTTE COUNTY HOMELESS COALITION, INC.

Current Principal Place of Business:

1476 KENESAW STREET
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380157
PORT CHARLOTTE, FL 339380157

New Mailing Address:

P.O. BOX 380157
MURDOCK, FL 339380157

FEI Number: 65-0139525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROMILLO, ANA M
2120 LUCKY ST.
PORT CHARLOTTE, FL 33948 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: PD () Delete
Name: KOCH, REX
Address: 225 WEST VIRGINIA AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

Title: TEDP () Delete
Name: ROMILLO, ANA M
Address: 2120 LUCKY ST.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VPD () Delete
Name: BALA, BRENDA
Address: 18501 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VPD () Delete
Name: RUSSELL, KEVIN
Address: 1850 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: SEC () Delete
Name: BUCHANAN, SCOTT
Address: 2200 KINGS HIGHWAY 3L #58
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: TD () Delete
Name: RAMSEY, ROSE
Address: 980 SILVER SPRINGS TERR.
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: RYDER, JOANNE
Address: 26128 DUNEDIN COURT
City-St-Zip: PUNTA GORDA, FL 33983

Title: VPD (X) Change () Addition
Name: RUSSELL, KEVIN
Address: 14295 S.TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANA M. ROMILLO

Electronic Signature of Signing Officer or Director

TEDP

02/01/2006

Date