

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32845

FILED
Mar 27, 2008
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
MURDOCK, FL 339380157

New Mailing Address:

FEI Number: 65-0139525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THRASHER, CONNIE D
3431 BAY RIDGE WAY
PORT CHARLOTTE, FL 33953 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: RUSSELL, KEVIN
Address: 14295 S. TAMIMI TR
City-St-Zip: NORTH PORT, FL 34287

Title: TEDP () Delete
Name: THRASHER, CONNIE D
Address: 3431 BAY RIDGE WAY
City-St-Zip: PORT CHARLOTTE, FL 33953

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

Title: VPD () Delete
Name: VITO, STEVEN
Address: 18501 MURDOCK CIR
City-St-Zip: PORT CHARLOTTE, FL 33948

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RUSSELL, KEVIN
Address: 14295 S. TAMIMI TR
City-St-Zip: NORTH PORT, FL 34287

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

Title: TD (X) Change () Addition
Name: JOHNSON, POLLY
Address: 24163 PEACHLAND BLVD
City-St-Zip: PORT CHARLOTTE, FL 33954

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

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 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: CONNIE D. THRASHER

Electronic Signature of Signing Officer or Director

TEDP

03/27/2008

_____ Date