

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32845

FILED
Mar 30, 2009
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:

P.O. BOX 380157
MURDOCK, FL 33938

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

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:

RUSSELL, KEVIN A ESQ
14295 S. TAMIAMI TR
NORTH PORT, FL 34287 US

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: W. KEVIN RUSSELL, ESQ

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUSSELL, KEVIN
Address: 14295 S. TAMIAMI 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: TD () Delete
Name: JOHNSON, POLLY
Address: 24163 PEACHLAND BLVD
City-St-Zip: PORT CHARLOTTE, FL 33954

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TEDP (X) Change () Addition
Name: FOOTE, REBECCA A
Address: PO BOX 380157
City-St-Zip: MURDOCK, FL 339387

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: REBECCA A. FOOTE

ED

03/30/2009

Electronic Signature of Signing Officer or Director

Date