

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32845

FILED
Mar 31, 2011
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 33938

New Mailing Address:

FEI Number: 65-0139525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUSSELL, KEVIN A ESQ
14295 S. TAMIAMI TR
NORTH PORT, FL 34287 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
Name: MARTELLA, MARK PA
Address: 265 E. MARION STREET
City-St-Zip: PUNTA GORDA, FL 33950

Title: ED
Name: HOGAN, ANGELA M
Address: PO BOX 380157
City-St-Zip: MURDOCK, FL 339387

Title: TD
Name: CALENDIA, JENNIFER
Address: 15500 BURNT STORE ROAD
City-St-Zip: PUNTA GORDA, FL 33950

Title: SECD
Name: TONI, SIMPSON
Address: 28885 PALM SHORES BLVD.
City-St-Zip: PUNTA GORDA, FL 33950

Title: PPD
Name: RUSSELL, KEVIN A ESQ.
Address: 14295 S. TAMIAMI TR
City-St-Zip: NORTHPORT, FL 34287

Title: PED
Name: NICKERSON, GLEN
Address: 23170 HARBORVIEW ROAD
City-St-Zip: CHARLOTTE HARBOR, FL 33980

I hereby 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 all other like empowered.

SIGNATURE: ANGELA M. HOGAN

ED

03/31/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date