FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN-2 AM 8:15

DOCUMENT # **N34087** **(9)**

1. Corporation Name

COALITION FOR THE HUNGRY AND HOMELESS OF BREVARD COUNTY, INC.

Principal Place of Business
815 E. FEE AVENUE
8474 SYLVAN DRIVE
MELBOURNE FL 32901
US

Mailing Address
c/o RONALD CAPRILLA
~~POST OFFICE BOX 361~~
8474 SYLVAN DRIVE
MELBOURNE FL ~~32937~~ 32904
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/06/1989**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2981407** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 8474 SYLVAN DR.
Suite, Apt. #, etc.
27
City & State
28 W. MELBOURNE, FL
Zip 29 32904 Country 30

9. Name and Address of Current Registered Agent

CAPRILLA, RONALD
8474 SYLVAN DRIVE
W. MEBLOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CAPRILLA, RONALD	12 NAME	
STREET ADDRESS	8474 SYLVAN DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	W MELBOURNE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MORRIS, GLENN	22 NAME	
STREET ADDRESS	2145 PALM BAY ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HAYWARD, DIANE	32 NAME	
STREET ADDRESS	412 E. NEW HAVEN AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ronald Caprilla Pres. 4/28/95 407-729-0403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #
RONALD CAPRILLA

000B1B3