

FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 8474 SYLVAN DR 8474 SYLVAN DRIVE W MELBOURNE FL 32904 US
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3. Date Incorporated or Qualified
09/06/1989

4. FEI Number
59-2981409

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

2. Principal Place of Business 21 1149 Lake Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 P. O. Box 2201 Suite, Apt. #, etc.
22 Suite #102 City & State	27 City & State
23 Cocoa, FL Zip Country	28 Cocoa, FL Zip Country
24 32922 25 Brevard	29 32923-2201 30 Brevard

9. Name and Address of Current Registered Agent

CAPRILLA, RONALD
8474 SYLVAN DRIVE
W. MELBOURNE 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Ronald Caprilla* **RONALD CAPRILLA** 4/19/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPRILLA, RONALD 8474 SYLVAN DRIVE W MELBOURNE FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, GLENN 2145 PALM BAY ROAD PALM BAY FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARNELL, KENNETH W. 475 SANDPIPER DR.AVE. INDIAN HARBOR BEACH FL 32937	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Tresurer -D Donald Lear 1024 Park Drive, Apt. #4 Indian Harbor Beach, FL 32937
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Pat DeLone D 205 Palmetto Ave. Merritt Island, FL 32953
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Bo Rivers D 109 Martha Lee Ave. Rockledge, FL 32955
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Brenda Harris D 1333 Coateucy St., # 1024 Melbourne, FL 32901
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Arleen Rice D 255 DeSoto Pkwy. Satellite Beach, FL 32937
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Lillian Freehill D 3719 Brentwood Ct. Melbourne, FL 32935

14. I hereby certify that the information supplied with this filing 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 fiduciary 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* **RONALD CAPRILLA** 4/19/98 407-729-046

CR2E037 (10/97)