


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90263 025 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N34087

1. Corporation Name

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

Principal Place of Business

1149 LAKE DRIVE
 STE 102
 COCOA FL 32922
 US

Mailing Address

P O BOX 2201
 8474 SYLVAN DRIVE
 COCOA FL 32923-201
 US



2. Principal Place of Business 21 1149 Lake Dr. Suite, Apt. #, etc. 22 Suite #102 City & State 23 Cocoa, FL Zip 24 32922	2a. Mailing Address 26 P.O. Box 2201 Suite, Apt. #, etc. 27 City & State 28 Cocoa, FL Zip 29 32923-2201	3. Date Incorporated or Qualified 09/06/1989 4. FEI Number 59-2981409 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--

9. Name and Address of Current Registered Agent

CAPRILLA, RONALD
 8474 SYLVAN DRIVE
 W. MELOURNE 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 Pres

4/14/99

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	TD LEAR, DONALD 1024 PARK DRIVE, APT 4 INDIAN HARBOR BEACH FL 32937	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Morris, Terry 330 Watson Drive Indialantic, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELONE, PAT 205 PALMETTO AVE MERRITT ISLAND FL 32953	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Morris, Betty 330 Watson Drive Indialantic, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERS, BO 109 MARTHA LEE AVENUE ROCKLEDGE FL 32955	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Campbell, Rachel 18 Harrison Street Cocoa, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, BRENDA 1333 COATEUCY ST, #1024 MELBOURNE FL 32901	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Young, Cecelia Williams P.O. Box 61127 Palm Bay, FL 32906-1127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, ARLEEN 255 DESOTO PKWY SATELLITE BEACH FL 32937	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEHILL, LILLIAN 3719 BRENTWOOD CT MELBOURNE FL 32935	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

Ronald Caprilla
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Caprilla
 DATE

Daytime Phone #

CR2E037 (11/98)