2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90123 004 ****61.25

DOCUMENT # N34087

1. Entity Name

COALITION FOR THE HUNGRY AND HOMELESS OF BREVARD

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1149 LAKE DRIVE STE 102 COCOA FL 32922 US	P O BOX 2201 COCOA FL 32923-2201 US

2. Principal Place of Business	3. Mailing Address
817 Dixon Blvd	
Suite, Apt. #, etc.: Suite 12	Suite, Apt. #, etc.
City & State: Cocoa, FL	City & State
Zip: 32922 Country: US	Zip Country

4. FEI Number: 59-2981409 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAPRILLA, RONALD 8474 SYLVAN DRIVE W. MEBLOURNE FL 32904	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEAR, DONALD 1024 PARK DRIVE, APT 4 INDIAN HARBOR BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Caprilla, Ronald 8474 Sylvan Drive W. Melbourne, FL 32904	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, TERRY 330 WATSON DR INDIATLANTIC FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Abduliahwali, AKabir 151 Hollywood Blvd Melbourne, FL 32904	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVERS, BO 109 MARTHA LEE AVENUE ROCKLEDGE FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Britton, Almetia 1018 B S. Florida Ave. Rockledge, FL 32955	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, BETTY 330 WATSON DR INDIATLANTIC FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Campbell, Rachel 18 Harrison St. Cocoa, FL 32922	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICE, ARLEEN 255 DESOTO PKWY SATELLITE BEACH FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEHILL, LILLIAN 3719 BRENTWOOD CT MELBOURNE FL 32935	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald Caprilla 4/12/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #