2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 08:00 AM
Secretary of State

DOCUMENT # **N34087**

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

Principal Place of Business	Mailing Address
817 DIXON BLVD STE 12 COCOA FL 32922 US	P O BOX 2201 COCOA FL 32923201 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P O BOX 2201 Suite, Apt. #, etc.
City & State	City & State COCOA FL
Zip / Country	Zip 32923 / Country US

DO NOT WRITE IN THIS SPACE

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

CAPRILLA RONALD
8474 SYLVAN DRIVE
W. MEBLOURNE FL
32904 US

7. Name and Address of New Registered Agent

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 _____ **04/17/2001**
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	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	FREEHILL LILLIAN			NAME	YESOWITCH DEBORAH		
STREET ADDRESS	3719 BRENTWOOD CT			STREET ADDRESS	1281 S. HICKORY STREET		
CITY-ST-ZIP	MELBOURNE FL 32935			CITY-ST-ZIP	MELBOURNE FL 32901		
TITLE	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	RICE ARLEEN			NAME	RENBERG DONNA		
STREET ADDRESS	255 DESOTO PKWY			STREET ADDRESS	3270 SUNTREE BLVD		
CITY-ST-ZIP	SATELLITE BEACH FL 32937			CITY-ST-ZIP	MELBOURNE FL 32940		
TITLE	D	☐ Delete		TITLE	VD	☒ Change	☐ Addition
NAME	MORRIS BETTY			NAME	ABDILIAHWALI AKHABIR		
STREET ADDRESS	330 WATSON DR			STREET ADDRESS	151 HOLLYWOOD BLVD		
CITY-ST-ZIP	INDIATLANTIC FL 32903			CITY-ST-ZIP	MELBOURNE FL 32904		
TITLE	D	☐ Delete		TITLE	SD	☒ Change	☐ Addition
NAME	RIVERS BO			NAME	HOOPER SMITTY		
STREET ADDRESS	109 MARTHA LEE AVENUE			STREET ADDRESS	166 JUNE DRIVE		
CITY-ST-ZIP	ROCKLEDGE FL 32955			CITY-ST-ZIP	COCOA BEACH FL 32931		
TITLE	D	☐ Delete		TITLE	PD	☒ Change	☐ Addition
NAME	MORRIS TERRY			NAME	CAPRILLA RONALD		
STREET ADDRESS	330 WATSON DR			STREET ADDRESS	8474 SYLVAN DRIVE		
CITY-ST-ZIP	INDIATLANTIC FL 32903			CITY-ST-ZIP	W. MELBOURNE FL 32904		
TITLE	TD	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	LEAR DONALD			NAME			
STREET ADDRESS	1024 PARK DRIVE, APT 4			STREET ADDRESS			
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937			CITY-ST-ZIP			

CR2E037 (11/00)

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 PD 04/17/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #