

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34087

FILED
Jan 20, 2004
Secretary of State

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

Current Principal Place of Business:

1519 N COCOA BLVD
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2201
COCOA, FL 32923 US

New Mailing Address:

FEI Number: 59-2981409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINBURG, DOUG
445 LIMERRICK DRIVE
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LEAR, DONALD
Address: 1024 PARK DRIVE, APT 4
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: D () Delete
Name: CAPRILLA, RONALD
Address: 8474 SYLVAN DRIVE
City-St-Zip: W. MELBOURNE, FL 32904

Title: SD () Delete
Name: HOOPER, SMITTY
Address: 166 JUNE DRIVE
City-St-Zip: COCOA BEACH, FL 32931

Title: P () Delete
Name: WEINBERG, DOUG
Address: 445 LIMERICK DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGMR () Delete
Name: GARVEY, NICK
Address: 4780 KUMQUAT ST.
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: YESOWITCH, DEBORAH
Address: 1281 S. HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PANZARELLO, SUE
Address: 597 HAVERTY CT, STE 40
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD LEAR

TD

01/20/2004

Electronic Signature of Signing Officer or Director

Date