

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
06 AUG -7 AM 9: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07282006 Chg-NP CR2E037 (4/06)

DOCUMENT # N34087 1. Entity Name COALITION FOR THE HUNGRY AND HOMELESS OF BREVARD COUNTY, INC.					
Principal Place of Business 900 DIXON BLVD COCOA, FL 32922-6890 US			Mailing Address P O BOX 2201 COCOA, FL 32923 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2981409	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPRILLA, RONALD 8474 SYLVAN DR MELBOURNE, FL 32904			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Ferguson, Virginia 900 Dixon Blvd. Cocoa, FL 32922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPRILLA, RONALD 8474 SYLVAN DRIVE W. MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Caprilla, Ronald	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOOPER, SMITTY 166 JUNE DRIVE COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600079732886 08/15/06--01046--015 **\$1.25 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELONE, PAT 205 PALMETTO AVE., #602 MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600079732886 08/15/06--01046--016 **\$8.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENICE, JOHN 513 SEACREST AVE MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELONE, PAT 205 PALMETTO AVE APT 602 MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete DUPLICATE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____		Date 7/31/06	Daytime Phone # 321-729-6770

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Coalition for the Hungry and Homeless of Brevard County, Inc.
2006 Not-For-Profit Corporation Amended Annual Report

TITLE	D	ADDITION
NAME	Julie Carrell	
STREET ADDRESS	51 Sunset Street	
CITY ST ZIP	Satellite Beach, FL 32937	

TITLE	D	ADDITION
NAME	Jim Luce	
STREET ADDRESS	2727 N. Wickham Road #10-101	
CITY ST ZIP	Melbourne, FL 32935	