2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90008 023 ****70.00

DOCUMENT # N34087

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

Principal Place of Business	Mailing Address
900 DIXON BLVD COCOA, FL 32922-6890 US	P O BOX 2201 COCOA, FL 32923 US

01312008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	900 Dixon Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Cocoa, FL
Zip / Country	Zip: 32922-6890 / Country: Brevard

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 DR MELBOURNE, FL 32904	Name: Jim Luce Street Address (P.O. Box Number is Not Acceptable): 2727 N. Wickham Rd., # 10-101 City: Melbourne FL Zip Code: 32935

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: James E. Luce 2/14/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lear, Donald 1024 Park Dr., #4 Indian Harbor Beach, FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAPRILLA, RONALD 8474 SYLVAN DRIVE W. MELBOURNE, FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Caprilla, Ronald 8474 Sylvan Dr. West Melbourne, FL 329904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOOPER, SMITTY 166 JUNE DRIVE COCOA BEACH, FL 32931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Luce, Jim 2727 N. Wickham Rd., #10-101 Melbourne, FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELONE, PAT 205 PALMETTO AVE., #602 MERRITT ISLAND, FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Baldonado, Anselmo 500 Palms Springs Blvd., #608 Indian Harbor Beach, FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VENICE, JOHN 513 SEACREST AVE MERRITT ISLAND, FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carrell, Julie 51 Sunset St. Satellite Beach, FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M FERGUSON, VIRGINIA 900 DIXON BLVD COCOA, FL 32922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: James E. Luce 2/14/2008 321-752-9062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #