

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34087

FILED
Feb 18, 2009
Secretary of State

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

Current Principal Place of Business:

900 DIXON BLVD
COCOA, FL 329226890 US

New Principal Place of Business:

Current Mailing Address:

900 DIXON BLVD.
COCOA, FL 329226890 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:

LUCE, JIM
2727 N. WICKHAM RD., #10-101
MELBOURNE, FL 32935 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: D () Delete
Name: LEAR, DONALD
Address: 1024 PARK DR., #4
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: D () Delete
Name: CAPRILLA, RONALD
Address: 8474 SYLVAN DR.
City-St-Zip: WEST MELBOURNE, FL 329904

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

Title: D () Delete
Name: DELONE, PAT
Address: 205 PALMETTO AVE., #602
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD () Delete
Name: VENICE, JOHN
Address: 513 SEACREST AVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: M () Delete
Name: FERGUSON, VIRGINIA
Address: 900 DIXON BLVD
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CAPRILLA, RONALD
Address: 8474 SYLVAN DR.
City-St-Zip: WEST MELBOURNE, FL 32904

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

Title: D (X) Change () Addition
Name: VILLANUEVA, ZOILA
Address: 401 S VARR AVE
City-St-Zip: COCOA, FL 32922

Title: D (X) Change () Addition
Name: JONES, ROCHELLE
Address: 737 OSAGE AVE
City-St-Zip: MELBOURNE, FL 32935

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VIRGINIA FERGUSON

M

02/18/2009

Electronic Signature of Signing Officer or Director

Date