

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34087

FILED
Jun 16, 2010
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 (X)

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: PRES
Name: BUSSEN, BRIAN J
Address: 6405 GENOA TRIAL
City-St-Zip: MELBOURNE, FL 32940 US

Title: VP
Name: VENICE, JOHN
Address: 513 SEACREST AVE.
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: SECR
Name: HOOPER, SMITTY
Address: 166 JUNE DRIVE
City-St-Zip: COCOA BEACH, FL 32931

Title: OFF
Name: LUCE, JAMES
Address: 2727 N WICKHAM RD. #10-101
City-St-Zip: MELBOURNE, FL 32935 US

Title: OFF
Name: WEBSTER, TONY
Address: 4655 ELENA WAY
City-St-Zip: MELBOURNE, FL 32934 US

Title: ED
Name: JONES, ROCHELLE L DR.
Address: 737 OSAGE AVE.
City-St-Zip: MELBOURNE, FL 32935 US

I hereby 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 all other like empowered.

SIGNATURE: DR. ROCHELLES L. JONES

ED

06/16/2010

Electronic Signature of Signing Officer or Director

Date