

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34087

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

4087 U S HWY 1 SUITE 3  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

4087 U S HWY 1 SUITE 3  
ROCKLEDGE, FL 32955 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:**

JONES, ROCHELLE L DR.  
4087 U.S. HWY 1 SUITE 3  
ROCKLEDGE, FL 32955 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:** NOBLE, SANDY B  
**Address:** 2684 DIXIE COURT  
**City-St-Zip:** COCOA, FL 32922 US

**Title:** OFF  
**Name:** WEBSTER, TONY  
**Address:** 4655 ELENA WAY  
**City-St-Zip:** MELBOURNE, FL 32934 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:** ROCHELLE LYNNE JONES

DR.

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date