

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90071 002 ****61.25

DOCUMENT # N34087

1. Entity Name

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



Principal Place of Business

**817 DIXON BLVD
STE 12
COCOA FL 32922
US**

Mailing Address

**P O BOX 2201
COCOA FL 32923
US**

2. Principal Place of Business

1519 N. COCOA BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

COCOA, FLORIDA

City & State

Zip

32922 BREVARD

Country

Country

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

**WEINBURG, DOUG
3174 VILLASPAINISH TRAIL
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name

Doug Weinberg

Street Address (P.O. Box Number is Not Acceptable)

445 Limerick Drive

City

Merritt Island

FL

Zip Code

32953

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 **Doug Weinberg, Board President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **TD** ☐ Delete
NAME **LEAR, DONALD**
STREET ADDRESS **1024 PARK DRIVE, APT 4**
CITY-ST-ZIP **INDIAN HARBOR BEACH FL 32937**

TITLE **D** ☐ Delete
NAME **CAPRILLA, RONALD**
STREET ADDRESS **8474 SYLVAN DRIVE**
CITY-ST-ZIP **W. MELBOURNE FL 32904**

TITLE **SD** ☐ Delete
NAME **HOOPER, SMITTY**
STREET ADDRESS **166 JUNE DRIVE**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE **D** ☒ Delete
NAME **ABDILIAHWALI, AKHABIR**
STREET ADDRESS **151 HOLLYWOOD BLVD**
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **D** ☒ Delete
NAME **MARK, BAYSICH**
STREET ADDRESS **1251 SLEPPY HOLLOW LANE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **D** ☐ Delete
NAME **YESOWITCH, DEBORAH**
STREET ADDRESS **1281 S. HICKORY STREET**
CITY-ST-ZIP **MELBOURNE FL 32901**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Member** ☐ Change ☒ Addition
NAME **Sue Panzarello**
STREET ADDRESS **3600 London Blvd.**
CITY-ST-ZIP **Cocoa, FL 32926**

TITLE **Member** ☐ Change ☒ Addition
NAME **Sidney Briator**
STREET ADDRESS **1589 Parkway Dr.**
CITY-ST-ZIP **Melbourne, FL 32923**

TITLE **Member** ☐ Change ☒ Addition
NAME **Nick Garvey**
STREET ADDRESS **4780 Kumquat St.**
CITY-ST-ZIP **Cocoa, FL 32926**

TITLE **Board President** ☐ Change ☒ Addition
NAME **Doug Weinberg**
STREET ADDRESS **445 Limerick Drive**
CITY-ST-ZIP **Merritt Island, FL 32953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED** **Stallsmith** **1/13/2003/321.631.2549**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)