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Sep 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000002359 (5)

1. Corporation Name

COALITION FOR A HUNGER-FREE FLORIDA, INC.



Principal Place of Business

Mailing Address

**212 N. NEWPORT AVENUE
 TAMPA FL 33606**

**212 N. NEWPORT AVENUE
 TAMPA FL 33606-1322**

3. Date Incorporated or Qualified
05/03/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCQUEEN, MICHAEL F
 212 N. NEWPORT AVENUE
 TAMPA FL 33616**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME PD WALKER, JANE
 STREET ADDRESS 883 3RD AVENUE NORTH
 CITY-ST-ZIP ST. PETERSBURG FL 33701

1.1 TITLE Change Addition
 NAME AMY KILLGALLON
 1.2 NAME 934 N MAGNOLIA, STE 110
 1.3 STREET ADDRESS ORLANDO, 32803
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME VD SOSA, CHARLOTTE
 STREET ADDRESS P.O. BOX 3187 N/A
 CITY-ST-ZIP ORLANDO FL 32802-3187

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME ~~SD~~ RAMIREZ, NORA
 STREET ADDRESS 3311 BALLAST POINT BLVD.
 CITY-ST-ZIP TAMPA FL 33611

3.1 TITLE Change Addition
 3.2 NAME SD NAN JENSEN
 3.3 STREET ADDRESS 12175-125th St No
 3.4 CITY-ST-ZIP LARGO, FL 33774

TITLE DELETE
 NAME TD POE, SHIRLEY
 STREET ADDRESS 1007 W. MAIN STREET
 CITY-ST-ZIP INVERNESS FL 34450

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME D NICHOLS, JERRY
 STREET ADDRESS P.O. BOX 1589
 CITY-ST-ZIP W PALM BEACH FL 33402

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME D OWENS, EVELYN
 STREET ADDRESS 1806 CAMPHOR DRIVE
 CITY-ST-ZIP LAKELAND FL 33803

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jane F Walker* JANE F WALKER 9/8/97

CR2E037 (9/96)