

FILED

Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90151 015 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N95000001444

1. Corporation Name

COMMUNITY COALITION ON HOMELESSNESS CORPORATION

Principal Place of Business

4230 26TH ST W
SUITE 4
BRADENTON FL 34205

Mailing Address

4230 26TH ST W
SUITE 4
BRADENTON FL 34205
 1 111111 1111 1111 1111 1111 1111 1111
 * 3 7 2 3 8 *
 372138-90030-13


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	4835 27th St W	26	4835 27th St W	03/24/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 100		27 Suite 100		59-3340921	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Bradenton FL		28 Bradenton FL		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Zip			
24 34207		29 34207		30 USA	

9. Name and Address of Current Registered Agent

THATCHER, AMY
4230 26TH ST. W.
#4
BRADENTON FL 34205

10. Name and Address of New Registered Agent

 81 Name Amy Thatcher
 82 Street Address (P.O. Box Number is Not Acceptable) 4835 27th St W. Ste 100
 83
 84 City Bradenton FL 85 Zip Code 34207

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 617.0502, 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

TITLE	PD	☒ DELETE
NAME	DONLEY, ED	
STREET ADDRESS	5111 26TH ST. W.	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	VPD	☐ DELETE
NAME	HILL, JOAN	
STREET ADDRESS	236 9TH AVE - W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	SD	☒ DELETE
NAME	GROSS, ALICE	
STREET ADDRESS	410 6TH AVE E	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	TD	☐ DELETE
NAME	STUCKEY, MIK	
STREET ADDRESS	411 MAIN ST	
CITY-ST-ZIP	BRADENTON FL 34206	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Chairperson Director	☒ Change ☐ Addition
1.2 NAME		Deborah Duce	
1.3 STREET ADDRESS		4835 27th St W	
1.4 CITY-ST-ZIP		Bradenton FL 34207	
2.1 TITLE			☐ Change ☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	D	Secretary Director	☒ Change ☐ Addition
3.2 NAME		Susan Taylor	
3.3 STREET ADDRESS		4835 27th St W Ste 100	
3.4 CITY-ST-ZIP		Bradenton FL 34207	
4.1 TITLE			☐ Change ☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	D	MS. Director	☐ Change ☒ Addition
5.2 NAME		LAUREL A. LYNCH	
5.3 STREET ADDRESS		1141 DEER HOLLOW PL	
5.4 CITY-ST-ZIP		SARASOTA, FL 34232	
6.1 TITLE			☐ Change ☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

 Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 REQUIRED

 25/26/99 (941) 747-8499
 Date Daytime Phone #

CR2E037 (1/98)