

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91636 008 ****61.25

DOCUMENT # N00000008010

1. Entity Name

THE VOLUSIA/FLAGLER COUNTY COALITION FOR THE HOMELESS, INC.

Principal Place of Business

**910 RIDGEWOOD AVE
 HOLLY HILL FL 32117**

Mailing Address

**810 RIDGEWOOD AVE
 HOLLY HILL FL 32117**

2. Principal Place of Business

605 N Segrave Street

3. Mailing Address

P.O. Box 6498

Suite, Apt. #, etc.

Suite C-4

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32114

Country

Volusia

Zip

32122

Country

Volusia

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCVEY, K. DAVID
 810 RIDGEWOOD AVE
 HOLLY HILL FL 32117**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **MAC'KIE, CLARIS**
 STREET ADDRESS **810 RIDGEWOOD AVE**
 CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **VD** ☐ Delete
 NAME **WARREN, M.F.**
 STREET ADDRESS **810 RIDGEWOOD AVE**
 CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **TD** ☐ Delete
 NAME **CROY, RANDY**
 STREET ADDRESS **810 RIDGEWOOD AVE**
 CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **SD** ☐ Delete
 NAME **ZANG, TERRY**
 STREET ADDRESS **810 RIDGEWOOD AVE**
 CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President-D** ☒ Change ☐ Addition
 NAME **Randy Croy**
 STREET ADDRESS **605 N Segrave Street C-4**
 CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE **Vice President-D** ☒ Change ☐ Addition
 NAME **MF Warren**
 STREET ADDRESS **605 N Segrave Street C-4**
 CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE **Treasurer-D** ☒ Change ☐ Addition
 NAME **Clariss Mac'Kie**
 STREET ADDRESS **605 N Segrave Street**
 CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE **Secretary-D** ☒ Change ☐ Addition
 NAME **Terry Zang**
 STREET ADDRESS **605 N Segrave Street C-4**
 CITY-ST-ZIP **Daytona Beach, FL 32114**

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: Clariss Mac'Kie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(386) 239-0861

Date

Daytime Phone #

CR2E037 (9/01)