

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760280

**Entity Name:** COMMITTEE ORGANIZING ASSISTANCE & COMMUNITY HELP  
FOUNDATION INC.

**FILED**  
**Jan 19, 2014**  
**Secretary of State**  
**CC2280421705**

**Current Principal Place of Business:**

3911 N 34TH STREET-SUITE B  
TAMPA, FL 33610

**Current Mailing Address:**

PO BOX 310747  
TAMPA, FL 33680-0747 US

**FEI Number: 59-2168415**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DIXON, WILLIE G  
11004 ULSTER COURT  
TAMPA, FL 33610 US

*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

**Officer/Director Detail :**

Title VD  
Name LITTLE, GERALD  
Address 675 CRYSTAL GROVE  
City-State-Zip: LUTZ FL 33548

Title P  
Name JENKINS, ANNETTE  
Address 5023 N 39TH STREET  
City-State-Zip: TAMPA FL 33610

Title TD  
Name COLLINS, RAY C  
Address 1308 STATE STREET  
City-State-Zip: TAMPA FL 33608

Title S  
Name BRYANT, CHRISTINE  
Address 3612 E. MCBERRY ST.  
City-State-Zip: TAMPA FL 33610

*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: WILLIE G. DIXON**

**EXECUTIVE DIRECTOR**

**01/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date