

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003282

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC5973052549**

**Entity Name:** ALACHUA COUNTY COALITION FOR THE HOMELESS AND HUNGRY, INC.

**Current Principal Place of Business:**

2845 NE 39TH AVENUE  
GAINESVILLE, FL 32609

**Current Mailing Address:**

2845 NE 39TH AVENUE  
GAINESVILLE, FL 32609

**FEI Number: 43-1960048**

**Certificate of Status Desired: Yes**

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

LOWE, THERESA  
2845 NE 39TH AVE  
GAINESVILLE, FL 32609 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 DIRECTOR  
Name SHORTLEY, BRENDAN  
Address 2845 NE 39TH AVE  
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR, VP  
Name BEACHY, THERESA  
Address 2845 NE 39TH AVE  
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR  
Name HENDERSON, PEGGY  
Address 703 NE 1ST STREET  
City-State-Zip: GAINESVILLE FL 32601

Title PRESIDENT  
Name FAGAN, DONNA  
Address 2845 NR 39TH AVE  
City-State-Zip: GAINESVILLE FL 32609

Title TREASURER  
Name LAKE, JULIA  
Address 2845 NE 39TH AVE  
City-State-Zip: GAINESVILLE FL 32609

Title SECRETARY  
Name FEAGIN, ELIZABETH  
Address 2845 NE 39TH AVE.  
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR  
Name LONG, RODNEY  
Address 2845 NE 39TH AVE  
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR  
Name FLEMING, TERRANCE  
Address 2845 NE 39TH AVE  
City-State-Zip: GAINESVILLE FL 32609

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*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: THERESA LOWE**

**EXECUTIVE DIRECTOR**

**02/23/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CEO  
Name LOWE, THERESA  
Address 2845 NE 39TH AVE  
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR  
Name YOUNG, ROBERTA  
Address 2845 NE 39TH AVE  
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR  
Name MCLARTHY, ERIC  
Address 2845 NE 39TH AVE  
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR  
Name JAH, NKWANDA  
Address 2845 NE 39TH AVE  
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR  
Name FOGARTY, BLU  
Address 2845 NE 39TH AVE  
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR  
Name SMITH , LEE  
Address 2845 NE 39TH AVE  
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR  
Name LEFAVE, MARIA  
Address 2845 NE 39TH AVE  
City-State-Zip: GAINESVILLE FL 32609