

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32845

Entity Name: CHARLOTTE COUNTY HOMELESS COALITION, INC.

Current Principal Place of Business:

1476 KENESAW STREET
PORT CHARLOTTE, FL 33948

Current Mailing Address:

P.O. BOX 380157
MURDOCK, FL 33938

FEI Number: 65-0139525

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RUSSELL, W. KEVIN ESQ
14295 S. TAMIAMI TR
NORTH PORT, FL 34287 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: W. KEVIN RUSSELL, ESQ

02/25/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PPD
Name MARTELLA, MARK PA
Address 18501 MURDOCK CIRCLE, SUITE 304
City-State-Zip: PORT CHARLOTTE FL 33948

Title CEO
Name HOGAN, ANGELA M
Address PO BOX 380157
City-State-Zip: MURDOCK FL 33938-0157

Title TD
Name MILLER, ANDREW CFO
Address PO BOX 494960
City-State-Zip: PORT CHARLOTTE FL 33949

Title SECRETARY
Name SIMPSON, TONI VICE PRESIDENT
Address 28885 PALM SHORES BLVD.
City-State-Zip: PUNTA GORDA FL 33950

Title PPD
Name RUSSELL, W. KEVIN ESQ.
Address 14295 S. TAMIAMI TR
City-State-Zip: NORTHPORT FL 34287

Title PPD
Name NICKERSON, GLEN DIRECTOR
Address 23170 HARBORVIEW ROAD
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title PRESIDENT
Name WILLIAMS, TERRI
Address 7130 SCARLET SAGE COURT
City-State-Zip: PUNTA GORDA FL 33955

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: ANGELA HOGAN

CEO

02/25/2014

Electronic Signature of Signing Officer/Director Detail

Date