

**2021 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:**

HAWKER, BRETT  
17300 PRAIRIE CREEK BLVD  
PUNTA GORDA, FL 33982 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:** BRETT HAWKER

04/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EMERITUS  
Name MARTELLA, MARK PA  
Address PO BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title CEO  
Name FIGLIUOLO, TINA  
Address PO BOX 380157  
City-State-Zip: MURDOCK FL 33938-0157

Title EMERITUS  
Name SIMPSON, TONI  
Address P.O.BOX 380157  
City-State-Zip: MURDOCK FL 33938

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

Title PAST PRESIDENT  
Name PFISTERER, KATHERINE  
Address P.O.BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR  
Name HOUSEMAN, ASHLEY B  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR  
Name JOHNSON, POLLY  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title CFO  
Name ZULLI, LARA  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

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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:** LARA ZULLI

CFO

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title FOUNDATION CHAIR  
Name GEROW, JUSTIN  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title TREASURER  
Name FINING, BARBARA  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR  
Name REYNOLDS, CARA  
Address PO BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR  
Name ROUFF, FATHER CHUCK  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR  
Name ZURBRIGEN, MICHAEL  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR  
Name HENYEEZ, LOUIS  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title PRESIDENT  
Name HAWKER, BRETT  
Address PO BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title SECRETARY  
Name CANTWELL, JESSICA  
Address PO BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR  
Name GOODWYNE, LAURIE  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938