

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 US

**FEI Number:** 65-0139525

**Certificate of Status Desired:** No

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

PERVIN, LISA  
1476 KENESAW STREET  
PORT CHARLOTTE, FL 33948 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:** LISA PERVIN

07/19/2024

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 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 DIRECTOR  
Name CASANO, ROCCO  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title SECRETARY, TREASURER  
Name HISHMEH, JAMAL  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

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

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

Title PRESIDENT  
Name MAYMON, CHERYL  
Address 201 W. MARION AVENUE, SUITE 1214  
City-State-Zip: PUNTA GORDA FL 33950

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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:** CHERYL A MAYMON

PRESIDENT

07/19/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name SINGH-DESA, POLYANA  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

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

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