

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

DOCUMENT# N32845

**FILED**  
**Feb 06, 2015**  
**Secretary of State**  
**CC6797959835**

**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

02/06/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PP  
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 DIRECTOR  
Name BAKER, PHILLIP M CFO  
Address PO BOX 380157  
City-State-Zip: MURDOCK FL 33938

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

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

Title PRESIDENT  
Name ASHLEY, TERI  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

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

Title D  
Name HOUSEMAN, ASHLEY B  
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:** ANGELA HOGAN

CEO

02/06/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name ANGELINI, JOE  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

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

Title D  
Name MATHIS, JULIE  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title D  
Name NOVACK, GREG  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title D  
Name ILMBERGER, RICK  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title D  
Name LINEBERRY, STEVE  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title TREASURER  
Name MILLER, JASON R  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title D  
Name SEGUR, BOB  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938