RUCKLEDGE, FL 32955 US						
FEI Number: 59-2981409			Certificate of Status Desired: No			
Name and Address of Current Registered Agent:						
JONES, ROCH 4087 U.S. HWY ROCKLEDGE,	1 SUITE 3					
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	E: ROCHELLE LYNNE JONES		04/08/2013			
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PRESIDENT	Title	VP			
Name	BUSSEN, BRIAN J	Name	VENICE, JOHN			
Address	6405 GENOA TRAIL	Address	513 SEACREST AVENUE			
City-State-Zip:	MELBOURNE FL 32940	City-State-Zip:	MERRITT ISLAND FL 32952			
Title	DIRECTOR	Title	DIRECTOR			
Name	HOOPER, MARILYN (SMITTY)	Name	NOBLE, SANDY B			
Address	166 JUNE DRIVE	Address	2684 DIXIE COURT			
City-State-Zip:	COCOA BEACH FL 32931	City-State-Zip:	COCOA FL 32922			
Title	DIRECTOR	Title	DIRECTOR			
Name	WEBSTER, TONY	Name	GARRIGA, ELEANOR			
Address	4655 ELENA WAY	Address	660 PLANTATION ROAD			
City-State-Zip:	MELBOURNE FL 32934	City-State-Zip:	MERRITT ISLAND FL 32952			
Title	TREASURER	Title	DIRECTOR			
Name	HOLLINGSWORTH, THOMAS	Name	ROTH, ADRIENNE			
Address	1256 BALLINTON DRIVE	Address	633 DESOTO LANE			
0.1. 0		City-State-Zip:	INDIAN HARBOR BEACH FL	32937		

Entity Name: COALITION FOR THE HUNGRY AND HOMELESS OF BREVARD COUNTY, INC.

Current Principal Place of Business:

4087 U S HWY 1 SUITE 3 ROCKLEDGE, FL 32955

Current Mailing Address:

ROCKLEDGE EL 32955 US

4087 U S HWY 1 SUITE 3

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34087

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Title	TREASURER	Title	DIRECTOR
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Address	1256 BALLINTON DRIVE	Address	633 DESOTO LANE
City-State-Zip:	MELBOURNE FL 32940	City-State-Zip:	INDIAN HARBOR BEACH FL 32937

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: BRIAN BUSSEN

PRESIDENT

04/08/2013

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 08, 2013 **Secretary of State** CC6313504062