

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001444

Entity Name: COMMUNITY COALITION ON HOMELESSNESS CORPORATION**Current Principal Place of Business:**701 17TH AVENUE WEST
BRADENTON, FL 34205**Current Mailing Address:**701 17TH AVENUE WEST
BRADENTON, FL 34205**FEI Number: 59-3340921****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**EROZER, ADELL
701 17TH AVENUE WEST
BRADENTON, FL 34205 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name DEHAAN, MARK
Address 5229 MYRTLEWOOD
City-State-Zip: SARASOTA FL 34235

Title EXECUTIVE DIRECTOR
Name EROZER, ADELL
Address 701 17TH AVE WEST
City-State-Zip: BRADENTON FL 34205

Title DIRECTOR
Name SLATER, MARILYN (JEANNIE)
Address 5100 RIVERVIEW BLVD
City-State-Zip: BRADENTON FL 34209

Title DIRECTOR
Name BRUEN, JAMES
Address 1612 POINT PLEASANT AVE W
City-State-Zip: BRADENTON FL 34205

Title DIRECTOR, VP
Name COLANDRO, SARAH
Address 6918 TREYMORE COURT
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR
Name LAW, DAVID DR.
Address 5947 RIVERVIEW BLVD
City-State-Zip: BRADENTON FL 34209

Title DIRECTOR
Name CHAPMAN, ERIKA
Address 8770 MONTERAY BAY LOOP
City-State-Zip: BRADENTON FL 34209

Title DIRECTOR, SECRETARY
Name GENTER, MARGIE
Address 2705 51ST AVE EAST
City-State-Zip: BRADENTON FL 34203

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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: ADELL EROZER**EXECUTIVE DIRECTOR****01/16/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, VP
Name VANDERVEEN, ERIN
Address 2520 HYDE PARK STREET
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR, TREASURER
Name SHEHORN, JOHN
Address 234 OAK AVENUE BOX 236
City-State-Zip: ANNA MARIA FL 34216

Title DIRECTOR
Name WINDON, KAREN
Address 6310 GRAND OAK CIRCLE
#103
City-State-Zip: BRADENTON FL 34202

Title DIRECTOR
Name GRIMSLEY, MICHELLE
Address 5947 RIVERVIEW BLVD
City-State-Zip: BRADENTON FL 34209

Title DIRECTOR
Name ROJAS, JOHN
Address 3330 82ND AVE CIR E
City-State-Zip: SARASOTA FL 34243