


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90015 020 ****61.25

DOCUMENT # 760280 1. Entity Name COMMITTEE ORGANIZING ASSISTANCE & COMMUNITY HELP FOUNDATION INC.					
Principal Place of Business 1331 W CASS ST TAMPA, FL 33607 US			Mailing Address PO BOX 310747 TAMPA, FL 33680-0747 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2168415	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIXON, WILLIE G. 11004 ULSTER COURT TAMPA, FL 33610				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Willie G. Dixon</u> <u>Willie G. Dixon</u> <u>1/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, GERALD			NAME	
STREET ADDRESS	510 NANTUCKET			STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE, FL			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, ANNETTE			NAME	
STREET ADDRESS	303 CRAYFORD PLACE			STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, WILLIE G			NAME	
STREET ADDRESS	11004 ULSTER COURT			STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL, 33610			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, SHELIA			NAME	
STREET ADDRESS	8700 N 50TH ST., APT. 1408			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33617			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, CHRISTINE			NAME	
STREET ADDRESS	3612 E. MCBERRY ST.			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33610			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Willie G. Dixon</u> <u>Willie G. Dixon</u> <u>1/27/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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