

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90035 049 ****61.25

DOCUMENT # N04000001041

1. Entity Name

**HUNGER AND HOMELESS COALITION OF CITRUS
COUNTY, INC.**



Principal Place of Business

**5546 S TENA PT
HOMOSASSA FL 34446**

Mailing Address

**P.O. BOX 447
HOMOSASSA SPRINGS FL 34447**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4557335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARLING, E. JANE
1230 N. PROSPECT AVE.
LECANTO FL 34461**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME **P**
STREET ADDRESS **YOUNG, JOHN E**
CITY-ST-ZIP **5546 S TENA PT
HOMOSASSA FL 34446**

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Allen, Catherine**
CITY-ST-ZIP **1259 S. Elmwood, Apt. 3**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **DARLING, E. JANE**
CITY-ST-ZIP **1230 N. PROSPECT AVE.
LECANTO FL 34461**

TITLE ☐ Change ☐ Addition
NAME **Inverness, Fl. 54450**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **R**
STREET ADDRESS **REUMAN, EUGENE F**
CITY-ST-ZIP **2915 W HENLEY LN
DUNNELLON FL 34433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: E. Jane Darling 3/5/08 (352) 628-4357