2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2010
Secretary of State

DOCUMENT# N04000001041

Entity Name: HUNGER AND HOMELESS COALITION OF CITRUS COUNTY, INC.

Current Principal Place of Business:

5546 S TENA PT
HOMOSASSA, FL 34446

New Principal Place of Business:

29 PINE DRIVE
HOMOSASSA, FL 34446

Current Mailing Address:

P.O. BOX 447
HOMOSASSA SPRINGS, FL 34447

New Mailing Address:

P. O. BOX 403
LECANTO, FL 34461

FEI Number: 36-4557335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: MURPHY, EDWARD J
Address: 29 PINE DRIVE
City-St-Zip: HOMOSASSA, FL 34446 US

Title: VP
Name: CLARK, FREDERICK G.
Address: 2659 W. GULF TO LAKE HWY.., #158
City-St-Zip: INVERNESS, FL 34453 US

Title: S
Name: RAMOS, ANA
Address: 2575 S. PANTHER PRIDE DRIVE
City-St-Zip: LECANTO, FL 34461 US

Title: T
Name: DARLING, E. JANE
Address: 1230 N. PROSPECT AVENUE
City-St-Zip: LECANTO, FL 34461 US

Title: D
Name: OSTROWSKI, NANCY L
Address: 7015 W. GREEN ACRES ST.,
City-St-Zip: HOMOSASSA, FL 34446 US

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: E. JANE DARLING TREA 03/10/2010

Electronic Signature of Signing Officer or Director — Date