

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000762

FILED
Jan 24, 2007
Secretary of State

Entity Name: HENDRY COUNTY HOMELESS COALITION, INC.

Current Principal Place of Business:

271 N. RIVERVIEW RD.
LABELLE, FL 33935

New Principal Place of Business:

117 FORT THOMPSON AVENUE
LABELLE, FL 33935

Current Mailing Address:

271 N. RIVERVIEW RD.
LABELLE, FL 33935

New Mailing Address:

117 FORT THOMPSON AVENUE
LABELLE, FL 33935

FEI Number: 51-0568157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNNE, RITA
271 N. RIVERVIEW RD.
LABELLE, FL 33935 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 () Delete
Name: EDGAR, MARSHA
Address: 580 BRITTANY LANE
City-St-Zip: LABELLE, FL 33935

Title: S () Delete
Name: BETTENCOURT, ARLENE
Address: 271 N. RIVERVIEW RD.
City-St-Zip: LABELLE, FL 33935

Title: VP () Delete
Name: DUNNE, RITA
Address: 271 N. RIVERVIEW RD.
City-St-Zip: LABELLE, FL 33935

Title: T () Delete
Name: SLATER, GLORIA
Address: 533 W. ALVERDEZ AVE.
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BETTENCOURT, ARLENE
Address: 117 FORT THOMPSON AVENUE
City-St-Zip: LABELLE, FL 33935

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HILL, SUSAN
Address: 585 OKLAHOMA STREET
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARLENE BETTENCOURT

T

01/24/2007

Electronic Signature of Signing Officer or Director

Date