

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005816

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** CHARLOTTE FOUNDATION FOR PREVENTION OF HUNGER & HOMELESSNESS, INC.

**Current Principal Place of Business:**

225 W VIRGINIA AVE  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

1601 MANZANA AVE.  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

225 W VIRGINIA AVE  
PUNTA GORDA, FL 33950

**New Mailing Address:**

1601 MANZANA AVE.  
PUNTA GORDA, FL 33950

**FEI Number:** 26-2824169

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOCH, REXFORD R  
225 W VIRGINIA AVE  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

KOCH, REXFORD R  
1601 MANZANA AVE  
PUNTA GORDA, FL 33950 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: REXFORD R. KOCH

04/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KOCH, REXFORD R  
Address: 1601 MANZANA AVE.  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D  
Name: RUSSELL, W. KEVIN  
Address: 14295 S TAMiami TRAIL  
City-St-Zip: NORTH PORT, FL 34287

Title: D  
Name: SIMPSON, TONI  
Address: 28885 PALM SHORES BLVD  
City-St-Zip: PUNTA GORDA, FL 33982

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: REXFORD R KOCH

D

04/30/2010

Electronic Signature of Signing Officer or Director

Date