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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Worham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

APR 11 9:16
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TALLAHASSEE, FLORIDA

DOCUMENT # **N19452** (4)

1. Corporation Name

COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

639 WEST CENTRAL BLVD.
ORLANDO FL 32801
US

639 WEST CENTRAL BLVD.
ORLANDO FL 32801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1987

3a. Date of Last Report

03/08/1994

4. FEI Number

59-2814255

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt # etc

Suite, Apt # etc

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for franchise tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POOLE, MICHAEL W
639 W CENTRAL BLVD
ORLANDO FL 32801

81 Name

WORRALL, HAROLD

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

525 SOUTH MAGNOLIA AVENUE

83

84 City

ORLANDO

FL

85 Zip Code

32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.1505, Florida Statutes.

SIGNATURE

Harold W. Worrall

Harold W. Worrall, Chairman, Director 5/3/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: P
12 NAME: POOLE, MICHAEL W
13 STREET ADDRESS: 639 W. CENTRAL BLVD.
14 CITY, ST, ZIP: ORLANDO FL

11 TITLE: Change Addition
12 NAME: (VACANT)
13 STREET ADDRESS:
14 CITY, ST, ZIP:

11 TITLE: CD
12 NAME: WALKER, WILLIAM A II
13 STREET ADDRESS: 250 S. PARK AVE, 6TH FL
14 CITY, ST, ZIP: WINTER PARK FL

21 TITLE: Change Addition
22 NAME: WORRALL, HAROLD
23 STREET ADDRESS: 525 SOUTH MAGNOLIA AVENUE
24 CITY, ST, ZIP: ORLANDO, FL 32801-4414

11 TITLE: VCD
12 NAME: BAXLEY, RICHARD D
13 STREET ADDRESS: 3274 EDGEWATER DR
14 CITY, ST, ZIP: ORLANDO FL

31 TITLE: Change Addition
32 NAME: VCD
33 STREET ADDRESS: MATHIS, SAM
34 CITY, ST, ZIP: 5504 SPRING RUN AVENUE
ORLANDO, FL 32819

11 TITLE: TD
12 NAME: WHEELER, ROBERT
13 STREET ADDRESS: 201 E. PINE ST, STE 801
14 CITY, ST, ZIP: ORLANDO FL

41 TITLE: Change Addition
42 NAME: TD
43 STREET ADDRESS: 1120 W. FIRST ST., STE A
44 CITY, ST, ZIP: SANFORD, FL 32771

11 TITLE: SD
12 NAME: MATHIS, SAM
13 STREET ADDRESS: 5504 SPRING RUN AVE
14 CITY, ST, ZIP: ORLANDO FL

51 TITLE: Change Addition
52 NAME: SD
53 STREET ADDRESS: JOHNSON, KATHY
54 CITY, ST, ZIP: 3260 LAKESHORE DRIVE
ORLANDO, FL 32803

11 TITLE:
12 NAME:
13 STREET ADDRESS:
14 CITY, ST, ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harold W. Worrall* Harold W. Worrall 5/3/95 907-945-2606