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Apr 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N19452 (4)

1. Corporation Name

COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, I
NC.

Principal Place of Business

639 WEST CENTRAL BLVD.
ORLANDO FL 32801
US

Mailing Address

639 WEST CENTRAL BLVD.
ORLANDO FL 32801-2507
US

3. Date Incorporated or Qualified
02/27/1987

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2814255

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WORRALL, HAROLD
525 S MAGNOLIA AVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

Sam Mathis

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

5504 Spring Run Avenue

83

84 City

Orlando

FL

85 Zip Code

32819

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

3/24/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME JOHNSON, KATHY
STREET ADDRESS 3260 LAKESHORE DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME WORRALL, HAROLD
STREET ADDRESS 525 S MAGNOLIA AVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME MATHIS, SAM
STREET ADDRESS 5504 SPRING RUN AVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME WHEELER, ROBERT
STREET ADDRESS 1120 WEST FIRST STREET, STE A
CITY-ST-ZIP SANFORD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Secretary - O
1.3 STREET ADDRESS Carolyn Reis
1.4 CITY-ST-ZIP 1495 N. Maitland Ave.
Maitland, FL 32751

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Chairman - O
2.3 STREET ADDRESS Sam Mathis
2.4 CITY-ST-ZIP PO Box 593330 N/A
Orlando, FL 32859-3330

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Vice Chairman - O
3.3 STREET ADDRESS Paul Bryan
3.4 CITY-ST-ZIP 390 N. Orange Avenue, Ste. 1875
Orlando, FL 32801

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME Treasurer - O
4.3 STREET ADDRESS Robert Wheeler
4.4 CITY-ST-ZIP 1120 W. First Street, Ste. A
Sanford, FL 32771

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97

Date

407-245-5350

Daytime Phone # 0018881

CR2E037 (9/96)