

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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 Mailing Address  
**639 WEST CENTRAL BLVD. ORLANDO FL 32801 US** **639 WEST CENTRAL BLVD. ORLANDO FL 32801 US**

3. Date Incorporated or Qualified  
**02/27/1987**  
 4. FEI Number **59-2814255** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 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. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**MATHIS, SAM**  
**5504 SPRING RUN AVENUE**  
**ORLANDO FL 32819**

10. Name and Address of New Registered Agent  
 81 Name **RICHARD L. MILDNER**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1065 S. MORSE BLVD.**  
 83 **SUITE 101**  
 84 City **WINTER PARK FL** 85 Zip Code **32789**

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 obligations of, Section 617.0503, Florida Statutes.  
 SIGNATURE *[Signature]* **RICHARD L. MILDNER** DATE **4/17/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>REIS, CAROLYN</b>	
STREET ADDRESS	<b>1495 N. MAITLAND AVE.</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MATHIS, SAM</b>	
STREET ADDRESS	<b>P.O. BOX 593330 N/A</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32859-3330</b>	
TITLE	<b>VCD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRYAN, PAUL</b>	
STREET ADDRESS	<b>390 N. ORANGE AVENUE, STE. 1875</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>WHEELER, ROBERT</b>	
STREET ADDRESS	<b>1120 W. FIRST STREET, STE. A</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>CO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>RICHARD L. MILDNER</b>	
1.3 STREET ADDRESS	<b>1065 S. MORSE BLVD #101</b>	
1.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>	
2.1 TITLE	<b>VCD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BYRON BROOKS</b>	
2.3 STREET ADDRESS	<b>2015 ROSALIND AVENUE</b>	
2.4 CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>	
3.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ROBERT SMITHER</b>	
3.3 STREET ADDRESS	<b>1000 HOLT AVENUE - #2725</b>	
3.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 on an attachment with an address.

SIGNATURE: *[Signature]* **ROBERT WHEELER** Date **4-17-98** (407) 322-9241 Daytime Phone # **0015810**

CR2E037 (10/97)