
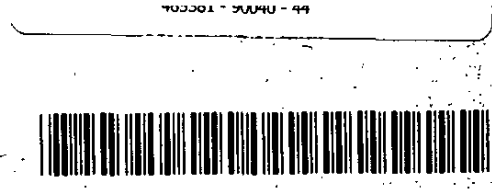


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90040 044 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N19452</b> 1. Corporation Name <b>COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC.</b>		
Principal Place of Business 639 WEST CENTRAL BLVD. ORLANDO FL 32801 US	Mailing Address 639 WEST CENTRAL BLVD. ORLANDO FL 32801 US	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/27/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2814255
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILDNER, RICHARD L 1065 S MORSE BLVD SUITE 101 WINTER PARK FL 32789				81 Name	TOM L. ALLISON		
				82 Street Address (P.O. Box Number is Not Acceptable)	639 West Central Blvd		
				83			
				84 City	ORLANDO	85 Zip Code	FL

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] DATE 4-26-99

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILDNER, RICHARD L	1.2 NAME	MILES, PAT
STREET ADDRESS	1065 S MORES BLVD, #101	1.3 STREET ADDRESS	4937 WATERVISTA
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	VCD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VC/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, BYRAN	2.2 NAME	JASMUND, DAVID
STREET ADDRESS	201 S ROSALIND AVE	2.3 STREET ADDRESS	916 SEVILLE PLACE
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	ORLANDO, FL 32804-7229
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITHER, ROBERT	3.2 NAME	SHAUGHNESSY, KEVIN
STREET ADDRESS	1000 HOLT AVE, #2725	3.3 STREET ADDRESS	255 S. ORANGE AVE, 11TH FLOOR
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, ROBERT	4.2 NAME	McMULLEN, STEVEN
STREET ADDRESS	1120 W. FIRST STREET, STE. A	4.3 STREET ADDRESS	111 N. ORANGE AVENUE, SUITE 1600
CITY-ST-ZIP	SANFORD FL 32771	4.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ALLISON, TOMA
STREET ADDRESS		5.3 STREET ADDRESS	639 W. CENTRAL AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	FLAVELLE, JEAN
STREET ADDRESS		6.3 STREET ADDRESS	639 W. CENTRAL BLVD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO, FL 32801

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, with all other like empowered.

SIGNATURE: X [Signature] SIGNATURE REQUIRED [Signature] DATE 4-26-99 426/125/ Daytime Phone #

CR2E037 (1/198)