

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2004
Secretary of State**

DOCUMENT# N19452

Entity Name: COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

639 WEST CENTRAL BLVD.
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

639 WEST CENTRAL BLVD.
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-2814255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ROBERT H.
639 W CENTRAL BLVD
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: OWEN, BILL
Address: 200 E ROBINSON STREET STE 400
City-St-Zip: ORLANDO, FL 32801

Title: VCD () Delete
Name: BROOKS, BYRON
Address: 445 W AMELIA ST STE 800
City-St-Zip: ORLANDO, FL 328011128

Title: PD () Delete
Name: BROWN, ROBERT H
Address: 639 W CENTRAL BLVD.
City-St-Zip: ORLANDO, FL 32801

Title: SD () Delete
Name: TALLENT, NANCY
Address: 2405 LUCIEN WAY
City-St-Zip: MAITLAND, FL 32751

Title: TD () Delete
Name: FRECHETTE, CAROL
Address: 390 N ORANGE AVE STE 1700
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: BROOKS, BYRON
Address: 649 W. LIVINGSTON STREET
City-St-Zip: ORLANDO, FL 32801

Title: VCD (X) Change () Addition
Name: SPENCER, DOUG
Address: P.O. BOX 3193
City-St-Zip: ORLANDO, FL 32802

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: DONOGHUE, SHARON
Address: P.O. BOX 1393
City-St-Zip: ORLANDO, FL 32802

Title: TD (X) Change () Addition
Name: FRECHETTE, CAROL
Address: 1414 KUHL AVE MP2
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT H. BROWN

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date