2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005
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 (X)**

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: BROOKS, BYRON
Address: 649 W. LIVINGSTON STREET
City-St-Zip: ORLANDO, FL 32801

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCD (X) Change ( ) Addition
Name: LAMB, RONNIE
Address: 200 S. ORANE AVE, MC-1071
City-St-Zip: ORLANDO, FL 32802

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

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

Title: TD (X) Change ( ) Addition
Name: BUWALDA, BRIAN
Address: 110 E. HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801

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 01/26/2005

Electronic Signature of Signing Officer or Director — Date