

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19452

FILED  
Aug 01, 2006  
Secretary of State

**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)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

BIRMINGHAM, DAVID  
639 W CENTRAL BLVD  
ORLANDO, FL 32801 US

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: DAVID BIRMINGHAM

08/01/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VCD ( ) Delete  
Name: LAMB, RONNIE  
Address: 200 S. ORANE AVE, MC-1071  
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: BUWALDA, BRIAN  
Address: 110 E. HILLCREST STREET  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VCD (X) Change ( ) Addition  
Name: KITTINGER, FRED  
Address: P. O. BOX 160040  
City-St-Zip: ORLANDO, FL 32816

Title: PD (X) Change ( ) Addition  
Name: BIRMINGHAM, DAVID  
Address: 639 W CENTRAL BLVD.  
City-St-Zip: ORLANDO, FL 32801

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID BIRMINGHAM

PD

08/01/2006

Electronic Signature of Signing Officer or Director

Date