

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19452

FILED  
Jan 04, 2010  
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)

**Name and Address of Current Registered Agent:**

TROTTER, BRENT A.  
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  
Name: TEWS, CHARLES  
Address: 1000 LEGION PLACE STE. 730  
City-St-Zip: ORLANDO, FL 32801

Title: VCD  
Name: LONCAR, DANA  
Address: 605 E ROBINSON ST, STE 750  
City-St-Zip: ORLANDO, FL 32801

Title: PD  
Name: TROTTER, BRENT A  
Address: 639 W CENTRAL BLVD.  
City-St-Zip: ORLANDO, FL 32801

Title: SD  
Name: BAKER, TIMOTHY R  
Address: 189 S ORANGE AVE, STE 1700  
City-St-Zip: ORLANDO, FL 32801

Title: TD  
Name: HEARN, JOHN  
Address: PO BOX 3193  
City-St-Zip: ORLANDO, FL 32802

I hereby 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 all other like empowered.

SIGNATURE: ALLISON KRALL

CONT

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date