

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19452

FILED
Feb 10, 2012
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: WARREN, BILL L
Address: PO BOX 10170
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: VCD
Name: BAKER, TIMOTHY R
Address: 189 S ORANGE AVE, STE 1700
City-St-Zip: LAKE BUENA VISTA, FL 32830

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

Title: TD
Name: BULANDA, BRIAN P
Address: 420 S ORANGE AVE, STE 500
City-St-Zip: ORLANDO, FL 32801

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

COO

02/10/2012

Electronic Signature of Signing Officer or Director

Date