

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21254** (0)
1. Corporation Name
TALLAHASSEE COALITION FOR THE HOMELESS, INC.



Principal Place of Business Mailing Address
P O BOX 226 TALLAHASSEE FL 32302 **P O BOX 226 TALLAHASSEE FL 32302**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2620 W. TENNESSEE ST.		26		06/22/1987		07/20/1995	
22 Suite, Apt. #, etc. Suite 5		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State Tallahassee FL.		28 City & State		59-2898810		Not Applicable	
24 Zip 32304		25 Country		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29		30 Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HEPBURN, MARCUS 4033 TRALEE ROAD TALLAHASSEE FL 32308				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P D
NAME	HEPBURN, MARCUS	1.2 NAME	
STREET ADDRESS	4033 TRALEE ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL	1.4 CITY- ST- ZIP	
TITLE	VPD	2.1 TITLE	
NAME	ROBERTS, ELAINE	2.2 NAME	
STREET ADDRESS	837 E PARK AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL 32301	2.4 CITY- ST- ZIP	
TITLE	SD	3.1 TITLE	
NAME	LOCKENBACK, RICK	3.2 NAME	
STREET ADDRESS	1012 SUTOR RD	3.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL 32311	3.4 CITY- ST- ZIP	
TITLE	TD	4.1 TITLE	
NAME	TAIT, MIKI	4.2 NAME	
STREET ADDRESS	1061 WINDWOOD WAY	4.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL 32311	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	MD LEE BREYER
STREET ADDRESS		5.3 STREET ADDRESS	2929 TIPPENARY Ct.
CITY- ST- ZIP		5.4 CITY- ST- ZIP	TALLAHASSEE, FL 32308
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lee J. Breyer* **LEE J. BREYER** Executive Director Feb 1, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
904-576-5566

CR2E037 (12/95)