

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # N21254 (0)  
1. Corporation Name  
TALLAHASSEE COALITION FOR THE HOMELESS, INC.

Principal Place of Business

Mailing Address

2620 W TENNESSEE ST  
SUITE 5  
TALLAHASSEE FL 32304  
USP O BOX 226  
TALLAHASSEE FL 32302-02263. Date Incorporated or Qualified  
06/22/19873a. Date of Last Report  
02/16/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

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4. FEI Number  
59-2898810Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

## 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

Lee J. Breyer

82 Street Address (P.O. Box Number is Not Acceptable)

2620-5 West Tennessee Street

83

Tallahassee, FL 32304

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 obligation of, Section 617.0503 Florida Statutes.

SIGNATURE

*Lee J. Breyer**Executive Director*

LEE J. BREYER

2-26-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEPBURN, MARCUS	
STREET ADDRESS	4033 TRALEE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROBERTS, ELAINE	
STREET ADDRESS	837 E PARK AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOCKENBACH, RICK	
STREET ADDRESS	1012 SUTOR RD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TAIT, MIKI	
STREET ADDRESS	1061 WINDWOOD WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	LEE, BREYER	
STREET ADDRESS	2929 TIPPERARY CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Camille Davis	
1.3 STREET ADDRESS	2620-5 West Tennessee Street	
1.4 CITY-ST-ZIP	Tallahassee, FL 32304	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Nancy Chabaane	
2.3 STREET ADDRESS	3955 West Pensacola St./Guidance	
2.4 CITY-ST-ZIP	Tallahassee, FL 32304	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	(See Lockenbach, Rick)	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jasmin Raffington	
4.3 STREET ADDRESS	2620-5 West Tennessee Street	
4.4 CITY-ST-ZIP	Tallahassee, FL 32304	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Greg Mellowe	
5.3 STREET ADDRESS	438 W. Brevard Street, #11	
5.4 CITY-ST-ZIP	Tallahassee, FL 32304	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE J. BREYER Exec. Dir

Date

Daytime Phone # 0000000

CR2E037 (9/96)

904-576-5566