

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21254 (0)
1. Corporation Name
TALLAHASSEE COALITION FOR THE HOMELESS, INC.



Principal Place of Business 2620 W TENNESSEE ST SUITE 5 TALLAHASSEE FL 32304 US	Mailing Address P O BOX 226 TALLAHASSEE FL 32302
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3. Date Incorporated or Qualified 06/22/1987	
4. FEI Number 59-2898810	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREYER, LEE J
2620-5 WEST TENNESSEE ST
TALLAHASSEE FL 32304**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CAMILLE	1.2 NAME	
STREET ADDRESS	2620-5 W TENNESSEE ST	1.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL	1.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHABAANE, NANCYT	2.2 NAME	
STREET ADDRESS	3955 W PENSACOLA ST/GUIDANCE	2.3 STREET ADDRESS	4540 Buttercup Way
CITY- ST- ZIP	TALLAHASSEE FL	2.4 CITY- ST- ZIP	32311
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKENBACK, RICK	3.2 NAME	Ervin, Charles (LTC-Retired)
STREET ADDRESS	1012 SUTOR RD	3.3 STREET ADDRESS	831 Violet Street
CITY- ST- ZIP	TALLAHASSEE FL	3.4 CITY- ST- ZIP	Tallahassee, FL 32308
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFINGTON, JASMIN	4.2 NAME	Crook, Dr. Wendy
STREET ADDRESS	2620-5 W TENNESSEE ST	4.3 STREET ADDRESS	277 Starmount Drive
CITY- ST- ZIP	TALLAHASSEE FL	4.4 CITY- ST- ZIP	Tallahassee, FL 32303
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLOWE, GREG	5.2 NAME	
STREET ADDRESS	438 W BREVARD ST #11	5.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I 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* LEE J. BREYER 2-19-98 850-576-5566

CR2E037 (10/97)