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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N21254

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/22/1987

4. FEI Number

59-2898810

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Lee J Breyer Executive Director

2-19-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
 NAME DAVIS, CAMILLE
 STREET ADDRESS 2620-5 W TENNESSEE ST
 CITY-ST-ZIP TALLAHASSEE FL

TITLE PD ☒ DELETE
 NAME CHABAANE, NANCYT
 STREET ADDRESS 4540 BUTTERCUP WAY
 CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE VPD ☐ DELETE
 NAME ERVIN, CHARLES (LTC-
 STREET ADDRESS 831 VIOLET STREET
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE TD ☐ DELETE
 NAME CROOK, WENDY DR
 STREET ADDRESS 277 STARMOUNT DRIVE
 CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE SD ☒ DELETE
 NAME MELLOWE, GREG
 STREET ADDRESS 438 W BREVARD ST #11
 CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
 1.2 NAME CROOK, WENDY DR.
 1.3 STREET ADDRESS 277 STARMOUNT DRIVE
 1.4 CITY-ST-ZIP TALLAHASSEE, FL 32303

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME Delete
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE VPD ☐ Change ☐ Addition
 3.2 NAME OK
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE TD ☒ Change ☐ Addition
 4.2 NAME BLAIR, WENDY
 4.3 STREET ADDRESS 2620-5 W. TENNESSEE ST
 4.4 CITY-ST-ZIP TALLAHASSEE, FL 32304

5.1 TITLE SD ☒ Change ☐ Addition
 5.2 NAME NANCY CHABAANE
 5.3 STREET ADDRESS 4540 BUTTERCUP WAY
 5.4 CITY-ST-ZIP TALLAHASSEE, FL 32311

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

Lee J Breyer SIGNATURE REE J BREYER

2-19-99

576-6366 (850)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)