

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21254

FILED
Feb 14, 2005
Secretary of State

Entity Name: TALLAHASSEE COALITION FOR THE HOMELESS, INC.

Current Principal Place of Business:

2729 WEST PENSACOLA ST.
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 226
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-2898810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, KAY
2729 WEST PENSACOLA ST.
TALLAHASSEE, FL 32304 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: VP () Delete
Name: PRICE, AMY
Address: 1303 BLOCKFORD COURT WEST
City-St-Zip: TALLAHASSEE, FL 32317

Title: P () Delete
Name: DOHRMAN, THOMAS
Address: 1527 BELLEAUWOOD
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: BARTELD, BRETT
Address: 160 HORSESHOE LANE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DIRE () Delete
Name: ERVIN, CHARLES LT.
Address: 8691 ALEXANDRITE COURT
City-St-Zip: TALLAHASSEE, FL 32307

Title: EXD () Delete
Name: FREEMAN, KAY
Address: 4126 ARKLOW DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: DIR () Delete
Name: PARKER, MICHAEL MR.
Address: 6632 CHEVY WAY
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAY FREEMAN

EXD

02/14/2005

Electronic Signature of Signing Officer or Director

Date