


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

02-21-2007 90020 017 ****70.00

DOCUMENT # N21257 1. Entity Name HOMELESS & HUNGER COALITION OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 1808 COUNTRY CLUB DR LYNN HAVEN, FL 32401 US			Mailing Address PO BOX 549 PANAMA CITY, FL 32402 US		
2. Principal Place of Business - No P.O. Box # 515 E. 6th ST		3. Mailing Address Suite, Apt. #, etc.			
City & State PANAMA CITY FL		City & State			
Zip 32401		Country BAH		4. FEI Number 59-2853138	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LANGFORD, ERNEST 1015 DEGAMA AVE PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name LAURIE COMBS Street Address (P.O. Box Number is Not Acceptable) 456 SUDDUTH AVE City PANAMA CITY FL Zip Code 32401		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Laurie Combs</i> LAURIE COMBS TREASURER 3/24/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMBS, LAURIE 456 GUDDUTH AVE PANAMA CITY, FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURIE COMBS 456 SUDDUTH AVE PANAMA CITY FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGFORD, ERNEST 1013 BECK AVE PANAMA CITY, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLY FOX 176 CLARA AVE PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYHEW, WILLIAM 1808 COUNTRY CLUB DR LYNN HAVEN, FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM MAYHEW 1808 COUNTRY CLUB DR LYNN HAVEN FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRE, RICK 1830 COUNTRY CLUB DR LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P RICK DYE 1830 COUNTRY CLUB DR LYNN HAVEN FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRE, RICK 1830 COUNTRY CLUB DR LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V MICHAEL MARTIN 2922 D HARRISON AVE PANAMA CITY FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRE, RICK 1830 COUNTRY CLUB DR LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S JULIA RUSCHMANN 2979 WOODY MARION DR CHIPLEY, FL 32428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Laurie F Combs **LAURIE F COMBS** **3/24/07** **850 785 2174**

ATTACHMENT

~~66006423~~
~~#1257~~

II. ADDITIONS / CORRECTIONS TO OFFICERS

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(X) ADDITION

MITCH MAYS

4502 BROOK FOREST DR

PANAMA CITY FL 32405