2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N21257

Entity Name: HOMELESS & HUNGER COALITION OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

515 E 6TH ST.
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 549
PANAMA CITY, FL 32402 US

New Mailing Address:

FEI Number: 59-2853138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COMES, LAURIE
456 SUDDUTH AVE
PANAMA CITY, FL 32401 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:	DT	( ) Delete
Name:	COMBS, LAURIE	
Address:	456 GUDDUTH AVE	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	D	( ) Delete
Name:	FOX, BILLY	
Address:	176 CLARA AVE	
City-St-Zip:	PANAMA CITY BEACH, FL 32407	
Title:	D	( ) Delete
Name:	MAYHEW, WILLIAM	
Address:	1808 COUNTRY CLUB DR	
City-St-Zip:	LYNN HAVEN, FL 32401	
Title:	DP	( ) Delete
Name:	DRE, RICK	
Address:	1830 COUNTRY CLUB DR	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	DV	( ) Delete
Name:	MARTIN, MICHAEL	
Address:	2922 D HARRISON AVE	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	DS	( ) Delete
Name:	RUSCHMANN, JULIA	
Address:	2979 WOODY MARION DR	
City-St-Zip:	CHIPLEY, FL 32428	

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:	DP	(X) Change ( ) Addition
Name:	DYE, RICK	
Address:	1830 COUNTRY CLUB DR	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	DV	(X) Change ( ) Addition
Name:	MARTIN, MICHAEL	
Address:	2200 SUTHERLAND RD	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL MARTIN DV 01/27/2009

Electronic Signature of Signing Officer or Director — Date