

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21257

FILED  
Jan 31, 2010  
Secretary of State

**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 ( )**

**Name and Address of Current Registered Agent:**

COMES, LAURIE  
456 SUDDUTH AVE  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

COMBS, LAURIE  
456 SUDDUTH AVE  
PANAMA CITY, FL 32401 US

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: LAURIE COMBS

01/31/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: COMBS, LAURIE  
Address: 456 SUDDUTH AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: DV  
Name: LARKIN, STACY  
Address: 213 W. 34TH PL  
City-St-Zip: PANAMA CITY, FL 32405

Title: D  
Name: DANIEL, KAY  
Address: P. O. BOX 415  
City-St-Zip: PANAMA CITY, FL 32402

Title: DPP  
Name: DYE, RICK  
Address: 1830 COUNTRY CLUB DR  
City-St-Zip: LYNN HAVEN, FL 32444

Title: DT  
Name: MARTIN, MICHAEL  
Address: 2200 SUTHERLAND RD  
City-St-Zip: LYNN HAVEN, FL 32444

Title: DS  
Name: RUSCHMANN, JULIA  
Address: 2979 WOODY MARION DR  
City-St-Zip: CHIPLEY, FL 32428

I hereby 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 all other like empowered.

SIGNATURE: LAURIE COMBS

PRES

01/31/2010

Electronic Signature of Signing Officer or Director

Date