2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2011
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 ( )**

Name and Address of Current Registered Agent:

COMBS, 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: 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: DT
Name: AHRENS, GAYLE
Address: 107 GOLF DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: GAYLE AHRENS DT 03/29/2011

Electronic Signature of Signing Officer or Director Date