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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 6: 11

DOCUMENT # N22633 (4)

1. Corporation Name
THE ESCAMBIA COALITION ON THE HOMELESS, INC.

Principal Place of Business Mailing Address
1301 W GOVERNMENT STREET P.O. BOX 17222 PENSACOLA FL 32522

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/23/1987	3a. Date of Last Report 04/18/1994
4. FEI Number 59-2909065	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent
**BOSWELL, RON
1501 NORTH STREET
PENSACOLA FL 32505**

10. Name and Address of New Registered Agent
81 Name **Broadwater, Judith**
82 Street Address (P.O. Box Number is Not Acceptable)
1000 W. Moreno St.
83 **Baptist Hospital**
84 City **Pensacola** FL 85 Zip Code **32501**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Judith Broadwater* DATE *3/28/95*
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BOSWELL, RON 1501 NORTH Q STREET PENSACOLA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MILLIGAN, CAROLYN 8190 PENSACOLA BLVD. PENSACOLA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS JONES, KATHLEEN 180 GOVERNMENTAL CENTER PENSACOLA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DP Broadwater, Judith 1000 W. Moreno St. Pensacola, FL 32501 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DV Boswell, Thresa 1301 W. Government St. Pensacola, FL 32501 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Carolyn Milligan* **TREASURER** DATE *3/28/95* (904) **494-5840**
Signature typed or printed name of signing officer or director. Register Number