

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified **09/23/1987** 3a. Date of Last Report **04/03/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **The Salvation Army** 26 **P.O. Box 17222**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **1501 North "Q" St.** 27  
City & State City & State  
23 **Pensacola FL** 28 **Pensacola FL**  
Zip Country Zip Country  
24 **32505** 25 **USA** 29 **32522** 30 **USA**

4. FEI Number **59-2909065** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BROADWATER, JUDITH  
1000 W. MORENO ST.  
BAPTIST HOSPITAL  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent  
81 Name **William Amendolare**  
82 Street Address (P.O. Box Number is Not Acceptable) **2001 North "H" St.**  
83  
84 City **Pensacola** FL 85 Zip Code **32501**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *William Amendolare* **WILLIAM AMENDOLARE** **4/23/96**  
Signatures must be typed or printed name of registered agent and the date of appointment. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BROADWATER, JUDITH	
STREET ADDRESS	1000 W. MORENO ST.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MILLIGAN, CAROLYN	
STREET ADDRESS	8190 PENSACOLA BLVD.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	JONES, KATHLEEN	
STREET ADDRESS	180 GOVERNMENTAL CENTER	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BOSWELL, THRESA	
STREET ADDRESS	1301 W. GOVERNMENT ST.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	William Amendolare	
13 STREET ADDRESS	2001 North H St.	
14 CITY - ST - ZIP	Pensacola, FL 32501	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Cynthia Farrar	
33 STREET ADDRESS	3421 Oakmont Dr.	
34 CITY - ST - ZIP	Pensacola, FL 32503	
41 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Thresa Boswell	
43 STREET ADDRESS	8800 Redwing Dr.	
44 CITY - ST - ZIP	Pensacola, FL 32507	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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)(k), 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 617, 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* **4/25/96 (904) 494-5840**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E037 (12/95)