

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22633
 1. Entity Name
THE ESCAROSA COALITION ON THE HOMELESS INC.

FILED

01 OCT -3 PM 3:48

SECRETARY OF STATE
 FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 711 UNDERWOOD AVE PO BOX 17222
 908 D PENSACOLA FL 32522
 PENSACOLA FL 32504 US
 US

2. Principal Place of Business 3. Mailing Address
 109 N. Palafox St. Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State City & State
 Pensacola, FL
 Zip Country Zip Country
 32501 USA

4. FEI Number 59-2909065 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 AMENDOLARE, WILLIAM
 2001 NORTH 'H' ST
 PENSACOLA FL 32501

7. Name and Address of New Registered Agent
 Name: Claudette Chapman, FCFH
 Street Address (P.O. Box Number is Not Acceptable)
 1800 N. Palafox St.
 City: Pensacola, FL Zip Code: 32501

8. 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: *Claudette P. Chapman* DATE: 8/13/01
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | ORD, JACK V | |
| STREET ADDRESS | 1223 EAGLE DRIVE | |
| CITY-ST-ZIP | CANTONMENT FL 32533 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | BETTS, BILL | |
| STREET ADDRESS | 4229 N 9TH AVE | |
| CITY-ST-ZIP | PENSACOLA, FL 32503 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | PEARSALL, JULIA | |
| STREET ADDRESS | 1520 E YOUNG STREET | |
| CITY-ST-ZIP | PENSACOLA FL 32503 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | AMENDOLARE, BILL | |
| STREET ADDRESS | 2001 N. H STREET | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---|--|
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Carolyn Formosa, PJC | |
| STREET ADDRESS | Bldg. I, Rm 186 ABE Dept | |
| CITY-ST-ZIP | 1000 College Blvd. Pensacola, FL 32504 | |
| TITLE | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | William Amendolare | |
| STREET ADDRESS | 2001 North 'H' St. | |
| CITY-ST-ZIP | Pensacola, FL 32501 | |
| TITLE | Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Harriet Riley, United Ministries | |
| STREET ADDRESS | 257-B East Lee St. | |
| CITY-ST-ZIP | Pensacola, FL 32501 | |
| TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Claudette Chapman, FCFH | |
| STREET ADDRESS | 1800 N. Palafox St. | |
| CITY-ST-ZIP | Pensacola, FL 32501 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carolyn M. Formosa* DATE: 8-13-01
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/01)