

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90735 036 ****61.25



04272004 Chg-NP CR2E037 (10/03)

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

Principal Place of Business 109 N.PALAFOX ST. PENSACOLA, FL 32501 US	Mailing Address 109 N.PALAFOX ST. PENSACOLA, FL 32501 US
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2. Principal Place of Business 2601 W. Strong St. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 17222 Suite, Apt. #, etc.
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City & State Pensacola, Florida	City & State Pensacola, Florida
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Zip 32505	Country USA	Zip 32522	Country USA
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4. FEI Number 59-2909065	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CHAPMAN, CLAUDETTE-FCFH
 1800 N.PALAFOX ST.
 PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME THREAT, PAULA	
STREET ADDRESS 2001 NORTH "H" ST	
CITY-ST-ZIP PENSACOLA, FL 32501	
TITLE VPD	<input type="checkbox"/> Delete
NAME ROBERTS, LON	
STREET ADDRESS 3471 TIDE DR	
CITY-ST-ZIP PENSACOLA, FL 32504	
TITLE SD	<input type="checkbox"/> Delete
NAME RICHBURG, RUBY	
STREET ADDRESS 1621 W. STRONG ST.	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: Paula Threat **4/27/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #