

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22633

FILED  
Jan 30, 2006  
Secretary of State

Entity Name: THE ESCAROSA COALITION ON THE HOMELESS INC.

**Current Principal Place of Business:**

2601 W. STRONG ST.  
PENSACOLA, FL 32505 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 17222  
PENSACOLA, FL 32522 US

**New Mailing Address:**

FEI Number: 59-2909065      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BUTLER, KRIS  
840 W LAKEVIEW AVE  
PENSACOLA, FL 32501 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: PD ( ) Delete  
Name: THREAT, PAULA  
Address: 2001 NORTH  
City-St-Zip: PENSACOLA, FL 32501

Title: VPD ( ) Delete  
Name: ROBERTS, LON  
Address: 3471 TIDE DR  
City-St-Zip: PENSACOLA, FL 32504

Title: SD ( ) Delete  
Name: RICHBURG, RUBY  
Address: 1621 W. STRONG ST.  
City-St-Zip: PENSACOLA, FL 32501

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ROBERTS, LON  
Address: 3471 TIDE DR.  
City-St-Zip: PENSACOLA, FL 32504

Title: VPD (X) Change ( ) Addition  
Name: JOHNSON, JOHN  
Address: 2001 NORTH  
City-St-Zip: PENSACOLA, FL 32501

Title: SD (X) Change ( ) Addition  
Name: THOMAS, KELLI  
Address: 257 E. LEE  
City-St-Zip: PENSACOLA, FL 32503

Title: TD ( ) Change (X) Addition  
Name: BUTLER, KRIS  
Address: 840 W. LAKEVIEW AVE.  
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KRIS BUTLER

TD

01/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date