

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22633

FILED
Feb 21, 2007
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:

2600 W. STRONG ST.
PENSACOLA, FL 32505 US

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 ()

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: ROBERTS, LON
Address: 3471 TIDE DR.
City-St-Zip: PENSACOLA, FL 32504

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DANIELSON, MICAH
Address: 257 E. LEE STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VPD (X) Change () Addition
Name: BROWN, KERT
Address: 6053 BRECKENRIDGE DRIVE
City-St-Zip: MILTON, FL 32570

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

02/21/2007

Electronic Signature of Signing Officer or Director

_____ Date