


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90002 031 \*\*\*\*61.25

**DOCUMENT # N22633**

1. Entity Name  
**THE ESCAROSA COALITION ON THE HOMELESS INC.**



Principal Place of Business  
**2600 W. STRONG ST.**  
**PENSACOLA, FL 32505 US**

Mailing Address  
**P.O. BOX 17222**  
**PENSACOLA, FL 32522 US**

2. Principal Place of Business - No P.O. Box #  
**2601 W. Strong ST**

3. Mailing Address  
**P.O. Box 17222**


Suite, Apt. #, etc.

City & State  
**Pensacola, FL**

City & State  
**Pensacola, FL**

Zip  
**32505** Country  
**US**

Zip  
**32522** Country  
**US**



03132008 Chg-NP CR2E037 (12/06)

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

**BUTLER, KRIS**  
**840 W LAKEVIEW AVE**  
**PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent

Name **ICENOGLÉ, RITA**

Street Address (P.O. Box Number is Not Acceptable)  
**1301 W. GOVERNMENT**  
**PENSACOLA**

City **PENSACOLA** State **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Rita L. Icenogle* **RITA L. ICENOGLÉ** **3/14/08**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELSON, MICAH 257 E. LEE STREET PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, KERT 6053 BRECKENRIDGE DRIVE MILTON, FL 32570	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, KELLI 257 E. LEE PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUTLER, KRIS 840 W. LAKEVIEW AVE. PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Icenogle, RITA 1301 W. Government Pensacola, FL 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANSONE, FRANK 412 COVE OF SAN DE LORO Pensacola, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHNEIDER, SHANNA 6751 BERRY HILL ST MILTON, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRADER, GREL 1301 W. GOVERNMENT Pensacola, FL 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Rita L. Icenogle* **RITA L. ICENOGLÉ** **3/14/08** **(850) 444-7111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #