

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22633

FILED
Apr 14, 2009
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:

ICENOGLI, RITA
1301 W GOVERNMENT
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: P () Delete
Name: ICENOGLI, RITA
Address: 1301 W GOVERNMENT
City-St-Zip: PENSACOLA, FL 32501

Title: V () Delete
Name: SANSONE, FRANK
Address: 412 COVE OF SAN DE LORO
City-St-Zip: PENSACOLA, FL 32501

Title: S () Delete
Name: SCHNEIDER, SHANNA
Address: 6751 BERRYHILL ST
City-St-Zip: MILTON, FL 32570

Title: T (X) Delete
Name: STRADER, GREG
Address: 1301 W GOVERNMENT
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: SCHNEIDER, SHANNA
Address: 6751 BERRYHILL ST
City-St-Zip: MILTON, FL 32570

Title: T (X) Change () Addition
Name: STRADER, GREG
Address: 1301 W GOVERNMENT
City-St-Zip: PENSACOLA, FL 32501

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

I hereby certify that the information supplied with this filing does not qualify 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: GREG STRADER

T

04/14/2009

Electronic Signature of Signing Officer or Director

Date