

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90432 043 ****61.25

DOCUMENT # N22633

1. Entity Name

THE ESCAROSA COALITION ON THE HOMELESS INC.



Principal Place of Business

109 N.PALAFIX ST.
PENSACOLA FL 32501
US

Mailing Address

109 N.PALAFIX ST.
PENSACOLA FL 32501
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2909065**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPMAN, CLAUDETTE FCFH
1800 N.PALAFIX ST.
PENSACOLA FL 32501

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **VAN ORD, JACK S**
STREET ADDRESS **30 SOUTH 3RD ST**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **PD** Change Addition
NAME **Threat, Paula**
STREET ADDRESS **2001 North "H" St.**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **VPD** Delete
NAME **THREAT, PAULA**
STREET ADDRESS **2001 NORTH "H" STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **VPD** Change Addition
NAME **Roberts, Lon**
STREET ADDRESS **3471 Tide Dr.**
CITY-ST-ZIP **Pensacola, FL 32504**

TITLE **SD** Delete
NAME **RICHBURG, RUBY**
STREET ADDRESS **1621 W. STRONG ST.,**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: **CLAUDETTE FCFH**

April 15, 2003 (850) 595-5943

CR2E037 (10/02)