2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Jun 21, 2010
DOCUMENT# N34087 Secretary of State

Entity Name: COALITION FOR THE HUNGRY AND HOMELESS OF BREVARD COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

900 DIXON BLVD

COCOA, FL 329226890 US

Current Mailing Address: New Mailing Address:

900 DIXON BLVD. 900 DIXON BLVD

COCOA, FL 329226890 US COCOA, FL 329226890 US

FEI Number: 59-2981409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

 LUCE, JIM
 JONES, ROCHELLE L DR.

 2727 N. WICKHAM RD., #10-101
 900 DIXON BLVD.

 MELBOURNE, FL 32935
 US

 COCOA, FL 32922
 US

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.

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

SIGNATURE: DR. ROCHELLE L. JONES

Title: PRES

Name: BUSSEN, BRIAN J Address: 6405 GENOA TRIAL City-St-Zip: MELBOURNE, FL 32940 US

Title: VP

Name: VENICE, JOHN Address: 513 SEACREST AVE.

City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: SECR

Name: HOOPER, SMITTY
Address: 166 JUNE DRIVE

City-St-Zip: COCOA BEACH, FL 32931

Title: OFF

Name: LUCE, JAMES

Address: 2727 N WICKHAM RD. #10-101 City-St-Zip: MELBOURNE, FL 32935 US

Title: OFF

Name: WEBSTER, TONY Address: 4655 ELENA WAY

City-St-Zip: MELBOURNE, FL 32934 US

I hereby 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 all other like empowered.

SIGNATURE: ROCHELLE L. JONES DR. 06/21/2010

06/21/2010