

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 9/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45972 (9)

1. Corporation Name

COALITION FOR THE HOMELESS OF INDIAN RIVER COUNT
Y, INC.

Principal Place of Business

Mailing Address

2686 US HWY 1
VERO BEACH FL 32960-5080
US

2686 US HWY 1
VERO BEACH FL 32960-5080
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

THOMPSON, DAVID R
2686 US HIGHWAY 1
VERO BCH FL 32990

3. Date Incorporated or Qualified

11/12/1991

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Philip D. DeBenedictis

82 Street Address (P.O. Box Number is Not Acceptable)

2686 US HIGHWAY 1

83

84 City

vero beach

FL

85 Zip Code

32960

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Philip De Benedictis Exec. Dir. 7/3/98

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VD
NAME SPECK, DR. RICHARD
STREET ADDRESS 2115 - 15TH PL
CITY-ST-ZIP VERO BCH. FL ☒ DELETE

TITLE STD
NAME GARTRELL, SHIRLEY
STREET ADDRESS 2705 SIXTH ST
CITY-ST-ZIP VERO BEACH FL ☒ DELETE

TITLE D
NAME WILLIAMS, ERNESTINE
STREET ADDRESS 4125 56TH AVE
CITY-ST-ZIP VERO BCH FL ☒ DELETE

TITLE PD
NAME PETERSON, SUE A
STREET ADDRESS 1655 27TH AVE
CITY-ST-ZIP VERO BCH FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE p/d
1.2 NAME Duggan, William ☒ Change ☒ Addition
1.3 STREET ADDRESS 466 Grove Isle Circle
1.4 CITY-ST-ZIP Vero Beach Fl. 32962

2.1 TITLE vp/d
2.2 NAME Ed Barrett ☒ Change ☒ Addition
2.3 STREET ADDRESS 1719 25th Ave.
2.4 CITY-ST-ZIP Vero Beach, Fl. 32960

3.1 TITLE st/b
3.2 NAME Bernie Mc Ghee ☒ Change ☒ Addition
3.3 STREET ADDRESS 2205 19th Ave.S.W.
3.4 CITY-ST-ZIP Vero Beach. Fl. 32962

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS ☐ Change ☐ Addition
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS ☐ Change ☐ Addition
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS ☐ Change ☐ Addition
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J. E. Duggan, Jr. 7/2/98 (561) 569-0324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
Jul 30 1998 8:00am
Secretary of State



CR2E037 (5/98)