FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 18 PM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47819 (0)

1. Corporation Name
GULF COAST VETERANS HOMELESS FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~101 W GOVERNMENT ST~~ ~~PENSACOLA FL 32501~~ ~~US~~	PO BOX 1323 PENSACOLA FL 32598-1323 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1992
3a. Date of Last Report: 05/19/1994
4. FEI Number: 59-3132258 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $60.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 119 W. "M" STREET	26 SAME AS ABOVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pensacola FL	City & State 28
Zip 24 32501	Country 25 USA
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent

MCCLEARY, BARRY W.
3 W GARDEN ST
SUITE 380
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Barry W McCleary 2/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	1.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, TAYLOR D.,	1.2 NAME	
STREET ADDRESS	6329 SIGUENZA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	HART, ANNE M.,	2.2 NAME	
STREET ADDRESS	904 N. BARCELONA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	2.4 CITY-ST-ZIP	
TITLE	BM D	3.1 TITLE	☐ Change ☐ Addition
NAME	JORDAN, GEORGE D.,	3.2 NAME	
STREET ADDRESS	4790 OAKLAND DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	3.4 CITY-ST-ZIP	
TITLE	BM D	4.1 TITLE	☐ Change ☐ Addition
NAME	BURRELL, HENRY D,	4.2 NAME	
STREET ADDRESS	1641 EAST MAURA STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	4.4 CITY-ST-ZIP	
TITLE	BM D	5.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, PATRICK N.,	5.2 NAME	
STREET ADDRESS	109 W. BLOUNT STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Anne M. Hart ANNE M. HART 2/28/95 (904) 435-8761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

607R/1/1