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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N47819

(0)

1. Corporation Name													
GULF COAST VETERANS HOMELESS FOUNDATION, INC.								İ					
													<b>e</b> ri eri ili
Principal Place of Business Mailing Address									I ADDINION DAL GIDA	1989) (BUB) (11914		H OTHER HALL	BARN KIRIN NADA
119 N M STREET PO BOX 1323													
PENSACOLA FL 32501 PENSACOLA FL 32596-1323								1					
US			US					3.	. Date Incorporated	or Qualified	3a. Da	te of Last F	Report
							03/09/1992				05/01/1996		
2. Principal Place of Business			2a, Mailing Address					4.	FO 04000F	^		A	pplied For
21			26						59-313225	5		<del></del>	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5.	. Certificate of Status	s Desired			Additional equired
City & State			City & State						Flection Campaign	Financing			
23			28					"	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zıp				Zip Co			,	8.	8. This corporation has liability for intangible tax under s. 199.032,				
24		25	29	30				L_	Florida Statutes			] No	
	9. Name	and Address of Curren	t Registered /	\gent		81	Name	10	Name and Addres	a of New Re	gistered /	gent	
						91	Name						}
	ARY, BARR	IY W.					Street Ad	dress (	P.O. Box Number is	Not Acceptab	le)		
3 W GARDEN ST						83	89						
SUITE 380								·					
PENSACOLA FL 32501						84	84 City				85 Zip	Code	
11. Pursuant	to the provis	ions of Sections 617.050	2 and 617.150	B, Florida Statut	es, th	e above	e-named co	progratio	on submits this state	nent for the p	urpose of	changing i	ts registered
agent. I a	registered aç ım familiar w	ions of Sections 617.050; gent, or both, in the State ith, and accept the obliga	of Florida, Suc ations of, Section	on change was ton 617.0503, Fi	autnor orida (	ized by Statutes	, the corpor s.	ation s	board of directors.	nereby accep	ot the app	ointment as	registered
SIGNATURE	·								·				
12.	Signature, typed	or printed name of registered age OFFICERS ANI		ole. (NO)			ent signature req				DATE		I
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CITY-ST-ZIP				DELETE	· 1	.1 TITLE .2 NAME			ADDITIONS/CHANG	ES TO OFFIC	ERS AND		
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14. I do 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 Wchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Casti

May 20 1997 8:00am

Secretary of State

Paytime Phone # 000933

CR2E037 (9/96)

Daytime Prione # 00748