

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47819** (0)

1. Corporation Name

**GULF COAST VETERANS HOMELESS FOUNDATION, INC.**



Principal Place of Business <b>119 N M STREET PENSACOLA FL 32501 US</b>	Mailing Address <b>PO BOX 1323 PENSACOLA FL 32596-1323 US</b>
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3. Date Incorporated or Qualified <b>03/09/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number <b>59-3132258</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS
	<b>COB BARNES, TAYLOR D.,</b>	<input type="checkbox"/>			
	<b>6329 SIGUENZA DRIVE</b>				
	<b>PENSACOLA FL 32507</b>				
TITLE	NAME	DELETED	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS
	<b>ST HART, ANNE M.,</b>	<input type="checkbox"/>			
	<b>904 N. BARCELONA ST.</b>				
	<b>PENSACOLA FL 32501</b>				
TITLE	NAME	DELETED	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS
	<b>BMD JORDAN, GEORGE D.,</b>	<input type="checkbox"/>			
	<b>4790 OAKLAND DRIVE</b>				
	<b>PENSACOLA FL</b>				
TITLE	NAME	DELETED	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS
	<b>BMD BURRELL, HENRY D.,</b>	<input type="checkbox"/>			
	<b>1641 EAST MAURA STREET</b>				
	<b>PENSACOLA FL</b>				
TITLE	NAME	DELETED	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS
	<b>BMD ROSS, PATRICK N.,</b>	<input type="checkbox"/>			
	<b>109 W. BLOUNT STREET</b>				
	<b>PENSACOLA FL</b>				
TITLE	NAME	DELETED	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS
		<input type="checkbox"/>			

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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/11/97** (904) 435 8761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0074953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000938

CR2E037 (9/96)