


7-16-98 B-8067 -C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>	
4. FEI Number <b>59-3132258</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MCCLEARY, BARRY W. 3 W GARDEN ST SUITE 380 PENSACOLA FL 32501</b>	
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10. Name and Address of New Registered Agent	
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>COB</b> <input type="checkbox"/> DELETE
NAME	<b>BARNES, TAYLOR D.,</b>
STREET ADDRESS	<b>8329 SIQUENZA DRIVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>HART, ANNE M.,</b>
STREET ADDRESS	<b>904 N. BARCELONA ST.</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>
TITLE	<b>BMD</b> <input type="checkbox"/> DELETE
NAME	<b>JORDAN, GEORGE D.,</b>
STREET ADDRESS	<b>4780 OAKLAND DRIVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>BMD</b> <input type="checkbox"/> DELETE
NAME	<b>BURRELL, HENRY D,</b>
STREET ADDRESS	<b>1641 EAST MAURA STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>BMD</b> <input type="checkbox"/> DELETE
NAME	<b>ROSS, PATRICK N.,</b>
STREET ADDRESS	<b>109 W. BLOUNT STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Barry W. McCleary* *ANNE M. HART* 7/10/98 (850) 435-8761

CR2E037 (10/97)