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 14 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48380 (2)

1. Corporation Name
COASTAL HOUSING COALITION, INC.

Principal Place of Business	Mailing Address
2650 CRAWFORDVILLE HWY STE 6 CRAWFORDVILLE FL 32327 US	P. O. BOX 1555 CRAWFORDVILLE FL 32326-1555 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3150375 ☐ 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 ☐ **$68.75** 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 3199 Crawfordville Hwy	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Crawfordville, Fl.	28 City & State
24 Zip 32326 25 Country U.S.A.	29 Zip 30 Country

9. Name and Address of Current Registered Agent

THOMPSON, TRUDY S
RT 1 BOX 3142
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name: Trudy Thompson
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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Trudy Thompson DATE: 3/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CC	11 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, TRUDY	12 NAME		
STREET ADDRESS	RR 1 BOX 3142	13 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL	14 CITY-ST-ZIP		
TITLE	ED	21 TITLE	Executive Director	XX ☐ Change ☐ Addition
NAME	BASS, KEN	22 NAME	Robert O'Neal	
STREET ADDRESS	220-9 BELMONT RD	23 STREET ADDRESS	Route 5 Box 2570-8	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	Crawfordville, Fl. 32327	
TITLE	CC	31 TITLE D	Co-Chair	XX ☐ Change ☐ Addition
NAME	CARR, MADELEINE H	32 NAME	Joanna Mauer	
STREET ADDRESS	RR 3 BOX 5598	33 STREET ADDRESS	Rt. 1 Box 3201	
CITY-ST-ZIP	CRAWFORDVILLE FL	34 CITY-ST-ZIP	Panacea, Fl. 32346	
TITLE	S	41 TITLE D	Secretary	XX ☐ Change ☐ Addition
NAME	FLETCHER, AL	42 NAME	Vicky Thomas	
STREET ADDRESS	3237 DUNGARVERN DR.	43 STREET ADDRESS	P.O. Box 849 N/A	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	Crawfordville, Fl. 32326	
TITLE		51 TITLE	Treasurer	☐ Change ☒ Addition
NAME		52 NAME	Susan Payne-Turner	
STREET ADDRESS		53 STREET ADDRESS	P.O. Box 849 N/A	
CITY-ST-ZIP		54 CITY-ST-ZIP	Crawfordville, Fl. 32326	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Trudy Thompson 3/10/95 (904) 926-7191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027843