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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001444**

1. Corporation Name
COMMUNITY COALITION ON HOMELESSNESS CORPORATION

* 3 7 2 1 3 8 *
372138 - 90030 - 13

Principal Place of Business	Mailing Address
4230 26TH ST W SUITE 4 BRADENTON FL 34205	4230 26TH ST W SUITE 4 BRADENTON FL 34205

2. Principal Place of Business 21 4835 27th St W	2a. Mailing Address 26 4835 27th St W	3. Date Incorporated or Qualified 03/24/1995
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100	4. FEI Number 59-3340921 ☐ Applied For ☐ Not Applicable
City & State 23 Bradenton FL	City & State 28 Bradenton FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 34207 Country 25 USA	Zip 29 34207 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

THATCHER, AMY
4230 26TH ST. W.
#4
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name: Amy Thatcher
82 Street Address (P.O. Box Number is Not Acceptable): 4835 27th St W. Ste 100
83
84 City: Bradenton FL 85 Zip Code: 34207

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: Executive Director — DATE: 2/25/98
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	PD	☒ DELETE	1.1 TITLE	D	Chairperson Director ☒ Change ☐ Addition
NAME	DONLLEY, ED		1.2 NAME		Deborah Ducett
STREET ADDRESS	5111 26TH ST. W.		1.3 STREET ADDRESS		4835 27th St W
CITY-ST-ZIP	BRADENTON FL 34205		1.4 CITY-ST-ZIP		Bradenton FL 34207
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HILL, JOAN		2.2 NAME		
STREET ADDRESS	236 9TH AVE - W		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	D	Secretary Director ☒ Change ☐ Addition
NAME	GROSS, ALICE		3.2 NAME		Susan Taylor
STREET ADDRESS	410 6TH AVE E		3.3 STREET ADDRESS		4835 27th St W Ste 100
CITY-ST-ZIP	BRADENTON FL 34205		3.4 CITY-ST-ZIP		Bradenton FL 34207
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STUCKEY, MIK		4.2 NAME		
STREET ADDRESS	411 MAIN ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34206		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	MS. Director ☐ Change ☒ Addition
NAME			5.2 NAME		LAUREL A. LYNCH
STREET ADDRESS			5.3 STREET ADDRESS		1141 DEER HOLLOW PL
CITY-ST-ZIP			5.4 CITY-ST-ZIP		SARASOTA, FL 34232
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: REQUIRED — 2/25/98 — (941) 747-8499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #