

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N95000001444

1. Entity Name

COMMUNITY COALITION ON HOMELESSNESS CORPORATION

FILED
May 15, 2000 8:00 am
Secretary of State

04-12-2000 90003 037 ****70.00

Principal Place of Business 4835 27TH ST W SUITE 100 BRADENTON FL 34207	Mailing Address 4835 27TH ST W SUITE 100 BRADENTON FL 34207-1760
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3340921	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THATCHER, AMY
4835 27TH ST W
SUITE 100
BRADENTON FL 34207

7. Name and Address of New Registered Agent

Name Elizabeth (Gigi) Kelly
Street Address (P.O. Box Number is Not Acceptable)
4835 27TH ST W
Suite 100
City Bradenton FL Zip Code 34207

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Elizabeth (Gigi) Kelly, Executive Director 4/3/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DUCETT, DEBORAH 4835 27TH ST W BRADENTON FL 34207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HILL, JOAN 236 9TH AVE W BRADENTON FL 34205 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, SUSAN 4835 27TH ST W STE 100 BRADENTON FL 34207 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STUCKEY, MIK 411 MAIN ST BRADENTON FL 34206 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, LAUREL 1141 DEER HOLLOW PL SARASOTA FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Washburn, Thomas C. O 4811 2nd Ave. Dr. NW Bradenton, FL 34209 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alice Gross, VO 410 6th Ave. E. Bradenton, FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ansley mora 1540 Main St. Sarasota, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Laurel Lynch 1201 8th Av. W. Bradenton, FL 34205 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas C. Washburn 4811 2nd Ave. Dr. N.W. Bradenton, FL 34209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas C. Washburn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/00

Date

941-747-2870

Daytime Phone #

CR2E037 (9/99)