

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001444

FILED
Jan 31, 2008
Secretary of State

Entity Name: COMMUNITY COALITION ON HOMELESSNESS CORPORATION

Current Principal Place of Business:

202 13TH AVENUE E
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

202 13TH AVENUE E
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 59-3340921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EROZER, ADELL
202-13TH AVE. E.
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

EROZER, ADELL
202 13TH AVE. E.
BRADENTON, FL 34208 US

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:

01/31/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CROSS, LEANNE
Address: 528 44TH ST CT W
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: MARTIN, LEE
Address: 6012 9TH AVE W
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: DEMING, MEREDITH
Address: 304 S HABANA # 1
City-St-Zip: TAMPA, FL 33609

Title: PD () Delete
Name: BAILEY, DEBORAH
Address: 11121 2ND AVENUE EAST
City-St-Zip: BRADENTON, FL 34212

Title: D () Delete
Name: SKINNER, MARLA
Address: 8019 SNOWY EGRET PL
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: LEWIS, JEFF
Address: 100 10TH ST W
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BARWICK, ROBERT
Address: 700 8TH AVENUE WEST
City-St-Zip: PALMETTO, FL 34221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GENTER, MARGIE
Address: 7501 15TH STREET EAST
City-St-Zip: SARASOTA, FL 34243

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADELL EROZER

ED

01/31/2008

Electronic Signature of Signing Officer or Director

Date