## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000001444

FILED Mar 30, 2009 Secretary of State

Entity Name: COMMUNITY COALITION ON HOMELESSNESS CORPORATION

Current Principal Place of Business:		New Principal Place of Business:	
	AVENUE E FON, FL 34208	701 17TH AVENUE WEST BRADENTON, FL 34205	
Current M	lailing Address:	New Mailing Address:	
	AVENUE E FON, FL 34208	701 17TH AVENUE WEST BRADENTON, FL 34205	
El Number	: 59-3340921 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:	
EROZER, 202 13TH BRADENT		EROZER, ADELL 701 17TH AVENUE WEST BRADENTON, FL 34205 US	
	e named entity submits this statement for the pu e of Florida.	rpose of changing its registered office or registered agent, or both,	
SIGNATU	RE:	03/30/2009	
	Electronic Signature of Registered Agen	t Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Nddress: Dity-St-Zip:	TD () Delete CROSS, LEANNE 528 44TH ST CT W PALMETTO, FL 34221	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Jame: Address: Dity-St-Zip:	D ( ) Delete MARTIN, LEE 6012 9TH AVE W BRADENTON, FL 34209	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Fitle: Name: Address: City-St-Zip:	D ( ) Delete BARWICK, ROBERT 700 8TH AVENUE WEST PALMETTO, FL 34221	Title: VD (X) Change ( ) Addition Name: BARWICK, ROBERT Address: 700 8TH AVENUE WEST City-St-Zip: PALMETTO, FL 34221	
	PB () P 11	Title: PD (X) Change ( ) Addition	
Fitle: Name: Address: Dity-St-Zip:	PD () Delete BAILEY, DEBORAH 11121 2ND AVENUE EAST BRADENTON, FL 34212	Name: WALTERS, SUSAN Address: 511 51ST STREET NW City-St-Zip: BRADENTON, FL 34209	
lame: \ddress:	BAILEY, DEBORAH 11121 2ND AVENUE EAST	Name: WALTERS, SUSAN Address: 511 51ST STREET NW	

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 03/30/2009