

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90135 020 ****70.00

DOCUMENT # N95000001444

1. Entity Name

COMMUNITY COALITION ON HOMELESSNESS CORPORATION



Principal Place of Business

**202 13TH AVENUE E
BRADENTON FL 34208**

Mailing Address

**202 13TH AVENUE E
BRADENTON FL 34208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3340921**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~CHRISTENSEN, CATHERINE~~ **William P. Gasparovic**
**202 13TH AVENUE E
BRADENTON FL 34208**

7. Name and Address of New Registered Agent

Name **William P. Gasparovic**
Street Address (P.O. Box Number is Not Acceptable) **(SAME)**
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William P. Gasparovic

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/13/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S-BDM	<input checked="" type="checkbox"/> Delete
NAME	DUCETT, DEBORAH	
STREET ADDRESS	4835 27TH ST W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	BDM	<input type="checkbox"/> Delete
NAME	GROSS, ALICE	
STREET ADDRESS	410 6TH AVE E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUSTLE, LARRY	
STREET ADDRESS	2205 5TH STREET W	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	BDM	<input type="checkbox"/> Delete
NAME	SPENCE, JEWELL C	
STREET ADDRESS	9205 FORRESTER DR	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	P	<input type="checkbox"/> Delete
NAME	WASHBURN, THOMAS C	
STREET ADDRESS	4811 2ND AVE DR. N.W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	BDM	<input type="checkbox"/> Delete
NAME	KEEN, DALE	
STREET ADDRESS	1112 MANATEE AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIGI Kelly	
STREET ADDRESS	439 Cottage Way West	
CITY-ST-ZIP	BRADENTON, Florida 34207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, M.D. **1/14/03** **941-747-2870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)