

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000002348 (9)**

1. Corporation Name

**SARASOTA COUNTY COALITION FOR THE HOMELESS, INC.**

**700001781057**  
-04/15/96--01139--003  
\*\*\*61.25



Principal Place of Business

Mailing Address

**1424 FOURTH STREET  
SARASOTA FL 34236**

**1424 FOURTH STREET  
SARASOTA FL 34236**

3. Date Incorporated or Qualified

**05/16/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0585396**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DILL, MAUREEN  
1424 FOURTH STREET  
SARASOTA FL 34236**

81 Name **JOHN DUHIG**

82 Street Address (P.O. Box Number is Not Acceptable)

**1424 FOURTH STREET**

83 **SARASOTA, FL 34236**

84 City **SARASOTA**

85 Zip Code **FL 34236**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>DILL, MAUREEN</b>	
STREET ADDRESS	<b>1424 FOURTH STREET</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>JUNGE, BARBARA</b>	
STREET ADDRESS	<b>1750 17TH STREET</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>KING, ANDREA</b>	
STREET ADDRESS	<b>1864 17TH STREET</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34230</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>KYLLONEN, ROBERT</b>	
STREET ADDRESS	<b>507 KUMQUAT CT</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34230</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>MCLAUGHLIN, FRED</b>	
STREET ADDRESS	<b>800 SIESTA DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JOHN DUHIG</b>	
1.3 STREET ADDRESS	<b>1424 FOURTH ST.</b>	
1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VKE PRES. PAM HINDMAN</b>	
2.3 STREET ADDRESS	<b>3405. TUTTLE AVE.</b>	
2.4 CITY-ST-ZIP	<b>SARASOTA, FL 34237</b>	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Sec. CATHERINE CHRISTENSEN</b>	
3.3 STREET ADDRESS	<b>405 MANAHOE COURT</b>	
3.4 CITY-ST-ZIP	<b>VENICE FL 34285</b>	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>CHAIR of Housing Committee Barbara Reynolds</b>	
4.3 STREET ADDRESS	<b>1726 18TH ST.</b>	
4.4 CITY-ST-ZIP	<b>SARASOTA, FL 34234</b>	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>FRED. FREDERICK E. MCLAUGHLIN</b>	
5.3 STREET ADDRESS	<b>1800 SIESTA DR.</b>	
5.4 CITY-ST-ZIP	<b>SARASOTA, FL 34239</b>	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>CHAIR of Housing Committee MAUREEN DILL</b>	
6.3 STREET ADDRESS	<b>1424 4TH ST.</b>	
6.4 CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/96**

**941-952-9406**

Date

Daytime Phone #

CR2E037 (12/95)