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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002348 (9)**

1. Corporation Name

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

Principal Place of Business

**1424 FOURTH STREET  
SARASOTA FL 34236**

Mailing Address

**1424 FOURTH STREET  
SARASOTA FL 34236**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**05/16/1995**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**DUHIG, JOHN  
1424 FOURTH STREET  
SARASOTA FL 34236**

81 Name

**Maureen Dill, PD**

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

**1424 Fourth Street**

83

84

**SARASOTA**

**FL**

85 Zip Code  
**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

*Maureen Dill, President (MAUREEN DILL)*

*6/22/98*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPD** ☒ DELETE

NAME **HINDMAN, PAM**  
STREET ADDRESS **340 SOUTH TURTLE AVENUE**  
CITY-ST-ZIP **SARASOTA FL 34237**

1.1 TITLE **VPD** ☒ Change ☐ Addition

1.2 NAME **BRETT, Stephen**  
1.3 STREET ADDRESS **2001 SIESTA DR.**  
1.4 CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **PD** ☒ DELETE

NAME **DUHIG, JOHN**  
STREET ADDRESS **1424 FOURTH STREET**  
CITY-ST-ZIP **SARASOTA FL 34236**

2.1 TITLE **PD** ☒ Change ☐ Addition

2.2 NAME **Dill, maureen**  
2.3 STREET ADDRESS **1424 Fourth Street**  
2.4 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **SD** ☒ DELETE

NAME **CHRISTENSEN, CATHERINE**  
STREET ADDRESS **405 MANATEE COURT**  
CITY-ST-ZIP **SARASOTA FL 34285**

3.1 TITLE **SD** ☒ Change ☐ Addition

3.2 NAME **Zugacher, Gny**  
3.3 STREET ADDRESS **1750 17th St. Unit H**  
3.4 CITY-ST-ZIP **SARASOTA, FL 34230**

TITLE **T** ☐ DELETE

NAME **MCLAUGHLIN, FRED**  
STREET ADDRESS **1800 SIESTA DRIVE**  
CITY-ST-ZIP **SARASOTA FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

*Maureen Dill*

CP2E037 (10/97)