

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90022 004 \*\*\*\*61.25

**DOCUMENT # N95000002348**

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

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

9. Name and Address of Current Registered Agent

MAUREEN DILL  
1424 FOURTH STREET  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME VPD  
BRETT, STEPHEN  
STREET ADDRESS 2001 SIESTA DR  
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ DELETE

NAME DILL, MAUREEN  
STREET ADDRESS 1424 FOURTH STREET  
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☒ DELETE

NAME ZUERCHER, GAY  
STREET ADDRESS 1750 17TH ST UNIT H  
CITY-ST-ZIP SARASOTA FL 34230

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME T/D  
TOM TREEND  
1.3 STREET ADDRESS 2400 Colson Ave  
1.4 CITY-ST-ZIP SARASOTA, FL 34234

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME S/D  
CAT Christenson  
2.3 STREET ADDRESS 405 Manatee Ct.  
2.4 CITY-ST-ZIP Venice, Florida

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME DP  
pick Lancaster  
3.3 STREET ADDRESS 2664 Markette St.  
3.4 CITY-ST-ZIP Sarasota, Florida

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 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, with all other like empowered.

SIGNATURE: TOM TREEND 1-15-99 941-365-6538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)