

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002348

FILED
Sep 05, 2006
Secretary of State

Entity Name: SARASOTA COUNTY COALITION FOR THE HOMELESS, INC.

Current Principal Place of Business:

P O BOX 3626
SARASOTA, FL 34230

New Principal Place of Business:

Current Mailing Address:

P O BOX 3626
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 65-0585396 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUDD, DR CHRISSIE CFRE
6216 MACAW GLEN
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REARDON, COLLEEN
Address: 1970 4TH FLOOR MAIN T
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: HADSELL, DON
Address: 111 S, ORANGE AVE
City-St-Zip: SARASOTA, FL 34230

Title: S () Delete
Name: ELLER, HEATHER
Address: 1401 16TH STREET
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BILYEU, DANNY
Address: 1565 1ST STREET, ROOM 101
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: REARDON, COLLEEN
Address: 1970 4TH FLOOR MAIN T
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. CHRISSIE BUDD

ED

09/05/2006

Electronic Signature of Signing Officer or Director

Date