2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005816

Entity Name: CHARLOTTE COUNTY HOMELESS COALITION FOUNDATION,

INC.

FILED
Jun 24, 2020
Secretary of State
7310203342CC

Current Principal Place of Business:

1476 KENESAW STREET PORT CHARLOTTE, FL 33948

Current Mailing Address:

P.O. BOX 380157

MURDOCK, FL 33938-0157 US

FEI Number: 26-2824169 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GEROW, JUSTIN 403 SULLIVAN ST, #111 PUNTA GORDA, FL 33950 US

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: JUSTIN GEROW 06/24/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **PAST CHAIR** Title **CHAIRMAN** Name SIMPSON, TONI Name GEROW, JUSTIN Address P.O. BOX 380157 Address P.O. BOX 380157 City-State-Zip: MURDOCK FL 33938 City-State-Zip: MURDOCK FL 33938

Title TRUSTEE Title CEO

NameMCLELLAN, MICHAELNameFIGLIUOLO, TINAAddressP.O. BOX 380157AddressPO BOX 380157

City-State-Zip: MURDOCK FL 33938 City-State-Zip: MURDOCK FL 33938

Title CFO Title TRUSTEE

NameZULLI, LARANameHAWKER, SONYAAddressPO BOX 380157AddressPO BOX 380157

City-State-Zip: MURDOCK FL 33938 City-State-Zip: MURDOCK FL 33938

Title TRUSTEE

Name ZANAKOS, GWEN
Address PO BOX 380157

City-State-Zip: MURDOCK FL 33938

I hereby 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 all other like empowered.

SIGNATURE: LARA ZULLI CFO 06/24/2020