

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005816

**Entity Name:** CHARLOTTE COUNTY HOMELESS COALITION FOUNDATION, INC.**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC5957276183****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:**SIMPSON, TONI  
1476 KENESAW STREET  
PORT CHARLOTTE, FL 33948 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: TONI SIMPSON****04/28/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VC
Name	NICKERSON, GLEN
Address	P.O. BOX 380157
City-State-Zip:	MURDOCK FL 33938-0157

Title	TREASURER
Name	TOMLINSON, COLLETTE
Address	FLORIDA COMMUNITY BANK 1255 TAMIAMI TRAIL
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	DIRECTOR
Name	CARR, DANA
Address	AIR TREK, INC. 28000 A-5 AIRPORT ROAD
City-State-Zip:	PUNTA GORDA FL 33982

Title	DIRECTOR
Name	RUSSELL, KEVIN PA
Address	W. KEVIN RUSSELL, PA 14295 S. TAMIAMI TRAIL
City-State-Zip:	NORTH PORT FL 34287

Title	CHAIRMAN
Name	SIMPSON, TONI
Address	28885 PALM SHORES BLVD
City-State-Zip:	PUNTA GORDA FL 33982

Title	SECRETARY
Name	HOGAN, ANGELA
Address	P.O. BOX 380157
City-State-Zip:	MURDOCK FL 33938-0157

Title	DIRECTOR
Name	GEROW, JUSTIN
Address	PRIMERICA 2206 MAURITANIA ROAD
City-State-Zip:	PUNTA GORDA FL 33983

Title	DIRECTOR
Name	WILLIAMS, TERRI
Address	CALUSA NATIONAL BANK 2105 TAMIAMI TRAIL
City-State-Zip:	PUNTA GORDA FL 33950

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*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: ANGELA HOGAN****CEO****04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 GRUNEIRO, ALEX  DR.  
Address             MURDOCK SURGERY  
                       18308 MURDOCK CIRCLE  
City-State-Zip:    PORT CHARLOTTE  FL  33948

Title                   DIRECTOR  
Name                 DIETRICH, CANDICE  
Address             FAWCETT MEMORIAL HOSPITAL  
                       21298 OLEAN BLVD.  
City-State-Zip:    PORT CHARLOTTE  FL  33952