

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N08000005816

Entity Name: CHARLOTTE COUNTY HOMELESS COALITION FOUNDATION,
INC.

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: No

Name and Address of Current Registered Agent:

PERVIN, LISA
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: LISA PERVIN

07/19/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name HAWKER, BRETT
Address P.O. BOX 380157
City-State-Zip: MURDOCK FL 33938-0157

Title TRUSTEE
Name BERLON, CHERYL
Address P.O. BOX 380157
City-State-Zip: MURDOCK FL 33938-0157

Title TRUSTEE
Name MAYMON, CHERYL
Address P.O. BOX 380157
City-State-Zip: MURDOCK FL 33938-0157

Title TRUSTEE
Name YOUMANS, CHRIS
Address P.O. BOX 380157
City-State-Zip: MURDOCK FL 33938-0157

Title TRUSTEE
Name REIDY, BILL
Address P.O. BOX 380157
City-State-Zip: MURDOCK FL 33938-0157

Title TRUSTEE
Name MAXWELL, EDWINA
Address P.O. BOX 380157
City-State-Zip: MURDOCK FL 33938-0157

Title TRUSTEE
Name MCGARRY, JENNIFER
Address P.O. BOX 380157
City-State-Zip: MURDOCK FL 33938-0157

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: BRETT HAWKER

CHAIRMAN

07/19/2024

Electronic Signature of Signing Officer/Director Detail

Date