

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005816

**Entity Name:** CHARLOTTE COUNTY HOMELESS COALITION FOUNDATION, INC.**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC7491036287****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:**RUSSELL, W. KEVIN  
14295 S. TAMIAMI TRAIL  
NORTH PORT, FL 34287 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: W. KEVIN RUSSELL****04/27/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VC	Title	TREASURER
Name	SIMPSON, TONI	Name	TOMLINSON, COLLETTE
Address	P.O. BOX 380157	Address	P.O. BOX 380157
City-State-Zip:	MURDOCK FL 33938	City-State-Zip:	MURDOCK FL 33938
Title	SECRETARY	Title	DIRECTOR
Name	HOGAN, ANGELA	Name	CARR, DANA
Address	P.O. BOX 380157	Address	P.O. BOX 380157
City-State-Zip:	MURDOCK FL 33938-0157	City-State-Zip:	MURDOCK FL 33938
Title	CHAIRMAN	Title	DIRECTOR
Name	GEROW, JUSTIN	Name	RUSSELL, W. KEVIN PA
Address	P.O. BOX 380157	Address	W. KEVIN RUSSELL, PA 14295 S. TAMIAMI TRAIL
City-State-Zip:	MURDOCK FL 33938	City-State-Zip:	NORTH PORT FL 34287
Title	DIRECTOR	Title	DIRECTOR
Name	ASHLEY, TERI	Name	MCKINNEY, JOHN DR.
Address	P.O. BOX 380157	Address	P.O. BOX 380157
City-State-Zip:	MURDOCK FL 33938	City-State-Zip:	MURDOCK FL 33938

**Continues on page 2**

*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****SECRETARY****04/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DIETRICH, CANDICE  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR  
Name GEROW, KATRIN  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR  
Name PITTS, LEAH  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR  
Name CARR, LORI DR.  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR  
Name MCLELLAN, MICHAEL  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR  
Name KISSINGER, STEPHANIE  
Address P.O. BOX 380157  
City-State-Zip: MURDOCK FL 33938