2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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1. Entity Name
MENNONITE CENTRAL COMMITTEE U.S. CORPORATION

Principal Place of Business	Mailing Address
21 S 12TH STREET AKRON, PA 17501	POST OFFICE BOX 500 AKRON, PA 17501-0500

01232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-3095785
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BODDEN, ANDREW
867 NE 144TH STREET
NORTH MIAMI, FL 33161-2333

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	EXD
NAME	SANTIAGO, ROLANDO
STREET ADDRESS	C/O 21 S 12TH STREET
CITY-ST-ZIP	AKRON, PA 175010500
TITLE	D
NAME	GONZALEZ-PINA, DINA
STREET ADDRESS	1717 S CHESTNUT
CITY-ST-ZIP	FRESNO, CA 93702
TITLE	D
NAME	BRAUN, BILL
STREET ADDRESS	3728 E. KERCKHOFF
CITY-ST-ZIP	FRESNO, CA 93702
TITLE	D
NAME	SWARTZENTRUBER, SHARON
STREET ADDRESS	5152 MAIN STREET
CITY-ST-ZIP	MARION, PA 172350273
TITLE	D
NAME	TROYER, VIRGIL
STREET ADDRESS	8515 BECKTEL ROAD
CITY-ST-ZIP	ORVILLE, OH 44667
TITLE	D
NAME	ZIMMERMAN, GREG
STREET ADDRESS	654 E 1400 NORTH ROAD
CITY-ST-ZIP	FLANAGAN, IL 61740

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01/31/08-80014-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/23/08 717-859-1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #