# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2009**
**Secretary of State**

DOCUMENT# 747318

**Entity Name:** COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENTINC.

**Current Principal Place of Business:**

6301 KIRKWOOD BLVD SW
RESOURCE CENTER SUITE 2400
CEDAR RAPIDS, IA 52406 US

**New Principal Place of Business:**

**Current Mailing Address:**

6301 KIRKWOOD BLVD SW
RESOURCE CENTER SUITE 2400
CEDAR RAPIDS, IA 52406 US

**New Mailing Address:**

**FEI Number: 59-2073513** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALDER, JOHN
C/O DON MATTHEWS
1200 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH, FL 32120 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | MD | ( ) Delete |
| Name: | HALDER, JOHN | |
| Address: | 1200 W INTERNATIONAL SPEEDWAY BLVD | |
| City-St-Zip: | DAYTONA BEACH, FL 32120 US | |
| Title: | CD | ( ) Delete |
| Name: | STEPHENSON, GWENDOLYN DR. | |
| Address: | 39 COLUMBIA DRIVE | |
| City-St-Zip: | TAMPA, FL 33631 US | |
| Title: | TSD | ( ) Delete |
| Name: | STARCEVICH, MICK DR. | |
| Address: | 6301 KIRKWOOD BLVD SW | |
| City-St-Zip: | CEDAR RAPIDS, IA 52406 US | |
| Title: | DV | ( ) Delete |
| Name: | RITTLING, MARY DR. | |
| Address: | PO BOX 1287 | |
| City-St-Zip: | LEXINGTON, NC 27293 US | |
| Title: | D | ( ) Delete |
| Name: | MOELLER, VALERIANA DR. | |
| Address: | 550 EAST SPRING STREET | |
| City-St-Zip: | COLUMBUS, OH 43216 US | |
| Title: | D | ( ) Delete |
| Name: | STEPHENSON, GWENDOLYN DR. | |
| Address: | 39 COLUMBIA DRIVE | |
| City-St-Zip: | TAMPA, FL 33631 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | CD | (X) Change ( ) Addition |
| Name: | RITTLING, MARY DR. | |
| Address: | PO BOX 1287 | |
| City-St-Zip: | LEXINGTON, NC 27293 US | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | DV | (X) Change ( ) Addition |
| Name: | BERMINGHAM, JACK DR. | |
| Address: | 2400 SOUTH 240TH STREET, M/S 9-3 | |
| City-St-Zip: | DES MOINES, WA 98198 US | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN HALDER MR. 04/13/2009

Electronic Signature of Signing Officer or Director — Date