## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004002

FILED Apr 06, 2009 Secretary of State

Entity Name: CONGREGATIONS FOR COMMUNITY ACTION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2950 N HARBOR CITY BLVD MELBOURNE, FL 32935 **Current Mailing Address: New Mailing Address:** 2950 N HARBOR CITY BLVD MELBOURNE, FL 32935 FEI Number: 59-3670512 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROCHE, PATRICK F FRESE, NASH & HANSEN, P.A 930 S HARBOR CITY BLVD, SUITE 505 MELBOURNE, FL 32901 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCELWEE, MICHAEL Name: Name: 2950 N. HARBOR CITY BLVD. Address: Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: Title: CC () Delete Title: () Change () Addition ANDERSON, W M REV Name: Name: Address: 684 N HARBOR CITY BLVD Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HEFFNER, ROBERT REV Name: HANLEY, WILLIAM REV Name: 5310 BABCOCK ST NE Address: Address: 1636 OAK STREET City-St-Zip: PALM BAY, FL 32905 City-St-Zip: MELBOURNE, FL 32901 Title: ( ) Delete Title: () Change () Addition Name: GLEASON, NORMAN REV Name: 2295 ADAMS ST N.E. Address: Address: City-St-Zip: PALM BAY, FL 32905 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: REV. WILLIAM M. ANDERSON CC 04/06/2009