2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# N02000001312

Entity Name: CALL TO HELP MISSION, INC.

Current Principal Place of Business:

5001 LAKE FRONT DR D-7
TALLAHASSE, FL 32303

New Principal Place of Business:

2124 CORINNE ST
TALLAHASSEE, FL 32308

Current Mailing Address:

5001 LAKE FRONT DR D-7
TALLAHASSE, FL 32303

New Mailing Address:

2124 CORINNE ST
TALLAHASSEE, FL 32308

FEI Number: 26-0053061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLEN, PATRICIA W
5001 LAKE FRONT DR
#D-7
TALLAHASSE, FL 32303 US

Name and Address of New Registered Agent:

ALLEN, PATRICIA W
2124 CORINNE ST
TALLAHASSE, FL 32308 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: PATRICIA W ALLEN 06/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALLEN, PATRICIA W
Address: 5001 LAKE FRONT DR,D-7
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: RONINSON, CATHY
Address: 2616 MISSION RD,APT 30
City-St-Zip: TALLAHASSEE, FL 32304

Title: T ( ) Delete
Name: IVERY, BARBARA
Address: 280 NORTH CHARLES WILLIAM
City-St-Zip: MIDWAY, FL 32343

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALLEN, PATRICIA W
Address: 2124 CORINNE ST
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Change ( ) Addition
Name: ROBINSON, CATHY
Address: 1922 SHELBY CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: T (X) Change ( ) Addition
Name: IVERY, BARBARA
Address: 333 N CHARLES WILLIAM
City-St-Zip: MIDWAY, FL 32343

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: PATRICIA W ALLEN P 06/22/2009
Electronic Signature of Signing Officer or Director Date