

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90041 001 ****61.25

DOCUMENT # N02000001471

1. Entity Name
THE CHRISTIAN MEN AND WOMEN'S EXCHANGE, INC.



Principal Place of Business
~~1490 BANKS ROAD~~
MARGATE, FL 33063

Mailing Address
1490 BANKS ROAD
MARGATE, FL 33063



2. Principal Place of Business - No P.O. Box #
6574 N. STATE Rd 7

3. Mailing Address
6574 N. STATE Rd. 7

05022007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.
362

Suite, Apt. #, etc.
362

City & State
COCONUT CREEK, FL.

City & State
COCONUT CREEK, FL.

4. FEI Number
04-3613150

Applied For
Not Applicable

Zip
33073

Country
USA

Zip
33073

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, GEORGE E
~~1490 BANKS ROAD~~
MARGATE, FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

6574 N. STATE Rd. 7 # 362

City COCONUT CREEK

FL

Zip Code 33073

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME THOMAS, GEORGE E
STREET ADDRESS 7920 WEST UPPER RIDGE DRIVE
CITY-ST-ZIP PARKLAND, FL 33067 (this is correct)

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 7920 West Upper Ridge Dr.
CITY-ST-ZIP PARKLAND, FL 33067

TITLE D ☐ Delete
NAME THOMAS, SHYRIL W
STREET ADDRESS 7920 WEST UPPER RIDGE DRIVE
CITY-ST-ZIP PARKLAND, FL 33067 (this is correct)

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 7920 West Upper Ridge Dr.
CITY-ST-ZIP PARKLAND, FL 33067

TITLE D ☐ Delete
NAME KENDRICK, TERESA
STREET ADDRESS 7319 SW 8TH COURT
CITY-ST-ZIP N. LAUDERDALE, FL 33068

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME KUUSELA, LINDA
STREET ADDRESS 5795 NW 24TH STREET
CITY-ST-ZIP MARGATE, FL 33063

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HATCHER, BEN
STREET ADDRESS 6503 WINFIELD BLVD #D-30
CITY-ST-ZIP MARGATE, FL 33063

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #