

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006802

FILED
May 02, 2008
Secretary of State

Entity Name: CALDWELL FOUNDATION IN CHRIST COMMUNITY LIFE OUTEACH MINISTRY, INC.

Current Principal Place of Business:

16 MOHAWK TRL.
PENSACOLA, FL 32506

New Principal Place of Business:

9999 HWY 29
SUITE C
PENSACOLA, FL 32514

Current Mailing Address:

P.O. BOX 9186
PENSACOLA, FL 32503

New Mailing Address:

P.O. BOX 9186
PENSACOLA, FL 32513

FEI Number: 59-8366444 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

CALDWELL, LEROY J SR
16 MOHAWK TR
PENSACOLA, FL 32506 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:

Title: P () Delete
Name: CALDWELL, LEROY J SR
Address: 16 MOHAWK TR
City-St-Zip: PENSACOLA, FL 32506

Title: V () Delete
Name: THOMPSON, KAYE M
Address: 7914 DEBORAH DR APT B
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: WARNER, CHARLES
Address: 106 NTH 12TH AVE
City-St-Zip: PENSACOLA, FL 32513

Title: D () Delete
Name: MIMS, BEVERLY
Address: 711 BAKER STREET
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: SAVAGE, SAMMIE
Address: 801 BROOK MEADOWS LANE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: SIMMONS, DENISE L
Address: 1601 ELMHURST RD
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELDER LEROY J. CALDWELL SR.

P

05/02/2008

Electronic Signature of Signing Officer or Director

Date