

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002674

FILED
May 04, 2007
Secretary of State

Entity Name: CHRISTIAN MORTGAGE PAY-OFF ASSOCIATION, INC.

Current Principal Place of Business:

1019 VERONICA SHOEMAKER AVE.
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2358 HARVARD AVE
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-1789160 **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:

Name and Address of New Registered Agent:

JOCELIN, EDDY
1430 ARGYLE DR,
FORT MYERS, FL 339919 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: PRES () Delete
Name: JOCELIN, EDDY
Address: 1430 ARGYLE DR.
City-St-Zip: FORT MYERS, FL 33919

Title: V.P () Delete
Name: JOSEPH, SELVANDIEU
Address: 332 DELAWARE RD
City-St-Zip: LEHIGH ACRES, FL 33972

Title: SECR () Delete
Name: LORDEUS, ST. LUC
Address: 2358 HARVARD AVE
City-St-Zip: FORT MYERS, FL 33907

Title: TD () Delete
Name: LUCIEN, COLOMBE
Address: 8764 AUSTIN ST
City-St-Zip: FORT MYERS, FL 33907

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:

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: EDDY JOCELIN

PRES

05/04/2007

Electronic Signature of Signing Officer or Director

Date