

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009724

FILED
Jan 22, 2009
Secretary of State

Entity Name: THE CHRISTIAN COMMUNITY FOUNDATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

5120 NORTH FEDERAL HWY.
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

5120 NORTH FEDERAL HWY.
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 86-1088673 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FORMAN, H. COLLINS JR.
1323 SE 3RD AVE.
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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: D () Delete
Name: BARRETT, SCOTT
Address: 500 JIM MORAN BLVD.
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: DAVIS, MARK
Address: 1461 NE 56TH COURT
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: D () Delete
Name: SHELTON, TOM
Address: 5750 N. FEDERAL HWY.
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D () Delete
Name: FORMAN, H. COLLINS JR.
Address: 1323 SE 3RD AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D () Delete
Name: WAYNE, COTTON
Address: 3001 NE 27TH AVE
City-St-Zip: LIGHTHOUSE, FL 33064

Title: D () Delete
Name: MANSOUR, MARK
Address: 2610 NE 40TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SHELTON, TOM
Address: 526 SOLAR ISLE DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33301

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

Title: D (X) Change () Addition
Name: COTTON, WAYNE
Address: 3001 NE 27TH AVE
City-St-Zip: LIGHTHOUSE, FL 33064

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: H. COLLINS FORMAN, JR.

D

01/22/2009

Electronic Signature of Signing Officer or Director

Date