

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001535

FILED  
May 27, 2009  
Secretary of State

Entity Name: COMMISSIONED INTERNATIONAL COALITION, INC.

## Current Principal Place of Business:

6250 EDGEWATER DR  
1300  
ORLANDO, FL 32810

## New Principal Place of Business:

## Current Mailing Address:

8511 SUMMERVILLE PLACE  
ORLANDO, FL 32819

## New Mailing Address:

P.O. BOX 870  
WINDERMERE, FL 34786

FEI Number: 90-0147580      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:

FOWLER, JOSHUA DR  
9115 VIA BELLA NOTTE  
ORLANDO, FL 32836      US

## Name and Address of New Registered Agent:

FOWLER, JOSHUA DR  
4574 SAILBREEZE COURT  
ORLANDO, FL 32810      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: \_\_\_\_\_

05/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: FOWLER, JOSHUA DR  
Address: 8511 SUMMERVILLE PLACE  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: FOWLER, DEBORAH  
Address: 8511 SUMMERVILLE PLACE  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: FOWLER, CHARLES A  
Address: 213 ZACHARY WADE ST  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: CHISM, TAMMY  
Address: 3160 S 129TH EAST AVE  
City-St-Zip: TULSA, OK 74134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: FOWLER, JOSHUA DR  
Address: 4574 SAILBREEZE COURT  
City-St-Zip: ORLANDO, FL 32810

Title: D (X) Change ( ) Addition  
Name: FOWLER, DEBORAH  
Address: 4574 SAILBREEZE COURT  
City-St-Zip: ORLANDO, FL 32810

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

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

Title: D ( ) Change (X) Addition  
Name: LOVETT, LYLE  
Address: 1147 GREEN VISTA CIRCLE  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Change (X) Addition  
Name: VANGUNDY, MARK  
Address: 6250 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32810

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: JOSHUA FOWLER

PRES

05/27/2009

Electronic Signature of Signing Officer or Director

Date