2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N05000006063

Entity Name: CHRISTOPHER'S COMMUNITY, INC.

Current Principal Place of Business:

334 EASTLAKE RD. #234
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

334 EASTLAKE RD. #234
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 20-3166168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WIECHMANN, TRACIE
334 EASTLAKE RD. #234
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

JOHNSON, PATRICIA G
334 EASTLAKE RD. #234
PALM HARBOR, FL 34685 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: PATRICIA G JOHNSON 04/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROBSON, LORI
Address: 5035 CROSS POINTE DR.
City-St-Zip: OLDSMAR, FL 34677 US

Title: D ( ) Delete
Name: MOORES, SUE
Address: 840 CYPRESS LAKES BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D ( ) Delete
Name: JOHNSON, PATRICIA G
Address: 461 WATERFORD CIRCLE E
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: D ( ) Delete
Name: WIECHMANN, TRACIE
Address: 2430 SUNDANCER DR.
City-St-Zip: CLEARWATER, FL 33759 US

Title: D ( ) Delete
Name: MENENDEZ, DENISE
Address: 4945 WEST BREEZE CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: KILEY, COLEEN
Address: 100 CARLYLE DR.
City-St-Zip: PALM HARBOR, FL 34683

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: PATRICIA G JOHNSON D 04/20/2009
Electronic Signature of Signing Officer or Director Date