


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90057 033 ****70.00

DOCUMENT # N05000007097					
1. Entity Name CHRISTIAN MEN IN ACTION COMMUNITY DEVELOPMENT CORPORATION					
Principal Place of Business 14807 YELLOW PINE LANE CLERMONT, FL 34711			Mailing Address P.O BOX 331 MINNEOLA, FL 34755		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1753112	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GODWIN, JEROME 15528 KENSINGTON TRAIL CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name JOSEPH MITCHELL Street Address (P.O. Box Number is Not Acceptable) 20045 C.R. 561 N. City CLERMONT FL Zip Code 34715		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Joseph Mitchell Sr.</u> JOSEPH MITCHELL, SECRETARY <u>1/22/07</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P/D	NAME CHAPMAN, RODERICK		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14807 YELLOW PINE LANE	CLERMONT, FL 34711			STREET ADDRESS S/D MITCHELL, JOSEPH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP CLERMONT, FL 34711				20045 C.R. 561 N. CLERMONT, FL. 34715	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S/D	NAME GODWIN, JEROME		<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15528 KESINGTON TRAIL	CLERMONT, FL 34711			STREET ADDRESS 539 DISTON AVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP CLERMONT, FL 34711				CLERMONT, FL 34711	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V/D	NAME MONTGOMERY, WILBERT		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 419 E. DESOTO ST.	CLERMONT, FL 34711			STREET ADDRESS 574 E. DESOTO ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP CLERMONT, FL 34711				CLERMONT, FL 34711	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME MONTGOMERY, WILLIE		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 491 E. DESOTO ST.	CLERMONT, FL 34711			STREET ADDRESS 491 E. DESOTO ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP CLERMONT, FL 34711				CLERMONT, FL 34711	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME MURRY, TIMOTHY		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 574 E. DESOTO ST	CLERMONT, FL 34711			STREET ADDRESS 491 E. DESOTO ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP CLERMONT, FL 34711				CLERMONT, FL 34711	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME COLE, DEVON		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 491 E. DESOTO ST	CLERMONT, FL 34711			STREET ADDRESS 491 E. DESOTO ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP CLERMONT, FL 34711				CLERMONT, FL 34711	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Roderick Chapman</u>			RODERICK CHAPMAN <u>1/22/07</u> 321-537-1906		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		