

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007097

FILED
Feb 16, 2009
Secretary of State

Entity Name: CHRISTIAN MEN IN ACTION COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

14807 YELLOW PINE LANE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P.O BOX 331
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 06-1753112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MITCHELL, JOSEPH
20045 C.R. 561 N.
CLERMONT, FL 34715 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: P/D () Delete
Name: CHAPMAN, RODERICK
Address: 14807 YELLOW PINE LANE
City-St-Zip: CLERMONT, FL 34711

Title: S/D () Delete
Name: MITCHELL, JOSEPH
Address: 20045 C.R. 561 N.
City-St-Zip: CLERMONT, FL 34715

Title: V/D () Delete
Name: MONTGOMERY, WILBERT
Address: 539 DISTON AVE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: MONTGOMERY, WILLIE
Address: 419 E. DESOTO ST.
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: MURRY, TIMOTHY
Address: 574 E. DESOTO ST
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: COLE, DEVON
Address: 491 E. DESOTO ST
City-St-Zip: CLERMONT, FL 34711

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: D (X) Change () Addition
Name: PACE, ROGER
Address: 1382 LAUREL HILL DR
City-St-Zip: CLERMONT, FL 34711

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: RODERICK CHAPMAN

P/D

02/16/2009

Electronic Signature of Signing Officer or Director

Date