

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005389

FILED
Jan 16, 2009
Secretary of State

Entity Name: CONSERVATIVE VALUES COALITION, INC.

Current Principal Place of Business:

5083 ICICLE HILL
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

PO BOX 612
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 20-4626295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD., INC.
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 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: CAIN, JANE H
Address: 5083 ICICLE HILL
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: HUNT, KATIE
Address: 12340 NUTALL RISE
City-St-Zip: LAMONT, FL 32336

Title: D () Delete
Name: HAYS, CHARLES W
Address: PO BOX 612
City-St-Zip: TALLAHASSEE, FL 32302

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:

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: JANE HOLMES CAIN

DIR

01/16/2009

Electronic Signature of Signing Officer or Director

Date