2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N07000010001

Entity Name: CHRISTIAN COALITION AGAINST DOMESTIC ABUSE, INC.

Current Principal Place of Business:

2700 NORTH 29TH AVENUE
232
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

850 IVES DAIRY ROAD T-57/409
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 26-1231248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, KATHLEEN
441 NE 195 STREET
306
MIAMI, FL 33179 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	( ) Delete
Name:	JOHNSON, KATHLEEN	
Address:	441 NE 195 STREET, #306	
City-St-Zip:	MIAMI, FL 33179	
Title:	V	( ) Delete
Name:	THOMAS, EVELYN	
Address:	11931 SW 12TH COURT	
City-St-Zip:	DAVIE, FL 33325	
Title:	S	( ) Delete
Name:	KENNEY, DONNA	
Address:	3629 SPANISH OAK POINT	
City-St-Zip:	DAVIE, FL 33328	
Title:	T	( ) Delete
Name:	DOVAL, ISABEL	
Address:	3161 S. OCEAN DRIVE, 605	
City-St-Zip:	HALLANDALE BEACH, FL 33009	

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:	

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: KATHLEEN A. JOHNSON P 02/24/2009

Electronic Signature of Signing Officer or Director — Date