

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010001

FILED  
Jan 17, 2011  
Secretary of State

**Entity Name:** CHRISTIAN COALITION AGAINST DOMESTIC ABUSE, INC.

**Current Principal Place of Business:**

600 SW 3RD STREET  
6126  
POMPANO BEACH, FL 33060

**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  
Name: JOHNSON, KATHLEEN  
Address: 600 SW 3RD ST. SUITE 6126  
City-St-Zip: POMPANO BEACH, FL 33060

Title: V  
Name: MURPHY, RUTH  
Address: 600 SW 3RD ST SUITE 6126  
City-St-Zip: POMPANO BEACH, FL 33060

Title: S  
Name: KENNEY, DONNA  
Address: 600 SW 3RD ST SUITE 6126  
City-St-Zip: POMPANO BEACH, FL 33060

Title: T  
Name: DOVAL, ISABEL  
Address: 600 SW 3RD ST SUITE 6126  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D  
Name: JOHNSON, GEORGE W  
Address: 600 SW 3RD ST SUITE 6126  
City-St-Zip: POMPANO BEACH, FL 33060

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN JOHNSON

PRES

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date