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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07854** (5)

1. Corporation Name

COMMUNITY COOPERATIVE MINISTRIES, INC.

Principal Place of Business

Mailing Address

P O BOX 0412
FORT MYERS FL 33902

P O BOX 0412
FORT MYERS FL 33902-0412

Location & mailing
address the same

2830 Dr. Martin L King,
Jr. Blvd.



3. Date Incorporated or Qualified
02/26/1985

3a. Date of Last Report
03/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Lee

29 Lee

4. FEI Number
59-2602772

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☒

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEGRANDE, J.L.
2069 FIRST STREET
FORT MYERS FL 33901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD President** ☐ DELETE

NAME **POWERS, HOLLIS**
STREET ADDRESS **5095 GREENBRIAR DR.**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **VD Vice President** ☒ DELETE

NAME **BAGGETT, RICK**
STREET ADDRESS **2438 SECOND ST.**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **SD Secretary** ☐ DELETE

NAME **EISEMANN, STELLA**
STREET ADDRESS **489 APOLLO DR.**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **D Treasurer** ☐ DELETE

NAME **REEVES, JIM**
STREET ADDRESS **P.O. BOX 412 NA**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **Connie Peeler** ☐ DELETE

NAME **2830 Dr. Martin L King,
Jr. Blvd**
STREET ADDRESS **Fort Myers, FL 33916**
CITY-ST-ZIP

TITLE **Director** ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Mary Lynn Smith
3715 McKinley Ave.
Fort Myers, FL 33901

Director
John Beckett
8925 Cortez Blvd
Ft Myers, FL 33901

Director
Ed Neist
5783 Arvine Circle
Ft Myers, FL 33919

Director
Roy Wegener
182 Santa Fe Trail
N. Ft Myers, FL 33917

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **April A. Peeler, Director**

3/3/97 941-
332-7487

CP2E037 (9/96)