

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07854 (5)

1. Corporation Name

COMMUNITY COOPERATIVE MINISTRIES, INC.

Principal Place of Business

Mailing Address

2830 DR MARTIN L. KING BLVD
FORT MYERS FL 33916
US

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FORT MYERS FL 33916
US

3. Date Incorporated or Qualified

02/26/1985

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

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

25

29

30

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 P
NAME POWERS, HOLLIS
STREET ADDRESS 5095 GREENBRIAR DR.
CITY-STATE-ZIP FT. MYERS FL ☐ DELETE

TITLE VD
NAME SMITH, MARY LYNN
STREET ADDRESS 3715 MCKINLEY AVE
CITY-STATE-ZIP FT. MYERS FL ☒ DELETE

TITLE SD
NAME EISEMANN, STELLA
STREET ADDRESS 489 APOLLO DR.
CITY-STATE-ZIP FT. MYERS FL ☐ DELETE

TITLE TD
NAME REEVES, JIM
STREET ADDRESS P.O. BOX 412 NA
CITY-STATE-ZIP FT. MYERS FL ☐ DELETE

TITLE D
NAME PEELER, CONNIE
STREET ADDRESS 2830 DR MARTIN L. KING BLVD
CITY-STATE-ZIP FT. MYERS FL ☐ DELETE

TITLE D
NAME WAGNER, RAY
STREET ADDRESS 182 SANTE FE TR
CITY-STATE-ZIP N FT MYERS FL ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I 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 c Peeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/98

Date

Daytime Phone #

FILED
Aug 19 1998 8:00am
Secretary of State



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CR2E037 (5/98)