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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N07854					
1. Corporation Name COMMUNITY COOPERATIVE MINISTRIES, INC.					
Principal Place of Business 2830 DR MARTIN L. KING BLVD FORT MYERS FL 33916 US			Mailing Address 2830 DR MARTIN L. KING BLVD FORT MYERS FL 33916 US		



2. Principal Place of Business 21 3429 Dr. Martin L. King		2a. Mailing Address 26 P.O. Box 2143		3. Date Incorporated or Qualified 02/26/1985	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2602772	
City & State 23 Ft. Myers FL		City & State 28 Ft. Myers FL		5. Certificate of Status Desired NO \$8.75 Additional Fee Required	
Zip 24 33916		Country 25 LCC		6. Election Campaign Financing Trust Fund Contribution NO \$5.00 May Be Added to Fees	
Zip 29 33902		Country 30 LCC			

9. Name and Address of Current Registered Agent LEGRANDE, J.L. 2069 FIRST STREET FORT MYERS FL 33901				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Robert A. Gibson	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POWERS, HOLLIS			1.2 NAME	1925 Virginia Ave, #1004		
STREET ADDRESS	5095 GREENBRIAR DR.			1.3 STREET ADDRESS	Ft. Myers, FL 33901		
CITY-ST-ZIP	FT. MYERS FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAGNER, RAY			2.2 NAME	Clare Hall		
STREET ADDRESS	182 SANTA FE TRAIL			2.3 STREET ADDRESS	2255 Ephraim Ave.		
CITY-ST-ZIP	N FT MYERS FL			2.4 CITY-ST-ZIP	Fort. Myers, FL 33907		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EISEMANN, STELLA			3.2 NAME	Barbara LeGrande		
STREET ADDRESS	489 APOLLO DR.			3.3 STREET ADDRESS	P.O. Box 2429		
CITY-ST-ZIP	FT MYERS FL			3.4 CITY-ST-ZIP	Fort Myers, FL 33902		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REEVES, JIM			4.2 NAME	Jim Reeves		
STREET ADDRESS	2830 DR MARTIN L KING DR BLVD			4.3 STREET ADDRESS	9010 Old Hickory Circle		
CITY-ST-ZIP	FT. MYERS FL 33916			4.4 CITY-ST-ZIP	Ft. Myers, FL 33912		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEELER, CONNIE			5.2 NAME	Connie Peeler		
STREET ADDRESS	2830 DR MARTIN L. KING BLVD			5.3 STREET ADDRESS	P.O. Box 2143		
CITY-ST-ZIP	FT MYERS BL			5.4 CITY-ST-ZIP	Ft. Myers, FL 33902		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *april G. Harris* **Director** 2/21/99 941-332-7687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)