

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07854

1. Entity Name

COMMUNITY COOPERATIVE MINISTRIES, INC.

Principal Place of Business

3429 DR MARTIN L KING
FORT MYERS FL 33916
US

Mailing Address

PO BOX 2143
FORT MYERS FL 33916
33

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2602772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME GIBSON, ROBERT A
STREET ADDRESS 1925 VIRGINIA AVE #1004
CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME HALL, CLARE
STREET ADDRESS 2255 EPHRAIM AVE
CITY-ST-ZIP FT MYERS FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME LEGRANDE, BARBARA
STREET ADDRESS PO BOX 2429
CITY-ST-ZIP FT MYERS FL 33902

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME REEVES, JIM
STREET ADDRESS 9010 OLD HICKORY CIRLCE
CITY-ST-ZIP FT. MYERS FL 33912

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME PEELER, CONNIE
STREET ADDRESS PO BOX 2143
CITY-ST-ZIP FT MYERS FL 33902

TITLE D ☒ Change ☐ Addition
NAME Murin, Betsey
STREET ADDRESS 3421 Via Torcida
CITY-ST-ZIP Ft. Myers, FL 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betsey M. Murin

04/20/01 941-332-7687

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90119 038 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)