

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N07854**

1. Entity Name

**COMMUNITY COOPERATIVE MINISTRIES, INC.****FILED****Jun 16, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90705 008 \*\*\*\*61.25

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 &amp; State

City &amp; 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	<input type="checkbox"/> Delete
NAME	GIBSON, ROBERT A	
STREET ADDRESS	1925 VIRGINIA AVE #1004	
CITY-ST-ZIP	FT. MYERS FL 33901	

TITLE	P Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curry, Luceal	
STREET ADDRESS	P.O. Box 1496	
CITY-ST-ZIP	Ft. Myers, FL 33902	

TITLE	VP	<input type="checkbox"/> Delete
NAME	HALL, CLARE	
STREET ADDRESS	2255 EPHRAIM AVE	
CITY-ST-ZIP	FT MYERS FL 33907	

TITLE	VP Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beckett, John	
STREET ADDRESS	2925 Cortez Blvd.	
CITY-ST-ZIP	Ft. Myers, FL 33901	

TITLE	SD	<input type="checkbox"/> Delete
NAME	LEGRANDE, BARBARA	
STREET ADDRESS	PO BOX 2429	
CITY-ST-ZIP	FT MYERS FL 33902	

TITLE	SD Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LeGrande, Barbara	
STREET ADDRESS	P.O. Box 2429	
CITY-ST-ZIP	Ft. Myers, FL 33902	

TITLE	TD	<input type="checkbox"/> Delete
NAME	REEVES, JIM	
STREET ADDRESS	9010 OLD HICKORY CIRLCE	
CITY-ST-ZIP	FT. MYERS FL 33912	

TITLE	TD Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hall, Clare	
STREET ADDRESS	2255 Ephraim Ave. Ft. Myers, FL 33907	
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MURIN, BETSEY	
STREET ADDRESS	3421 VIA TORCIDA	
CITY-ST-ZIP	FORT MYERS FL 33901	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (9/01)