2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07854

FILED Apr 27, 2004 Secretary of State

Entity Name: COMMUNITY COOPERATIVE MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 3429 DR MARTIN L KING FORT MYERS, FL 33916 US **Current Mailing Address: New Mailing Address:** PO BOX 2143 FORT MYERS, FL 33902 33 FEI Number: 59-2602772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEGRANDE, J.L 2069 FIRST STREET FORT MYERS, FL 33901 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BECKETT, JOHN GEIST, EDWARD Name: Name: 2925 CORTEZ BLVD Address: 5783 ARVINE CIRCLE Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33919 Title: () Delete Title: (X) Change () Addition Name: LEGRANDE, BARBARA Name: GRADY, RICHARD Address: PO BOX 2429 Address: 5011 MCGREGOR BLVD. City-St-Zip: FT MYERS, FL 33902 City-St-Zip: FT MYERS, FL 33901 Title: () Delete Title: (X) Change () Addition LARSON, CHRISTINE HALL, CLARE Name: Name: 2255 EPHRAIM AVE 2255 EPHRAIM AVE Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907 Title: () Delete Title: () Change () Addition Name: MURIN, BETSEY Name: Address: 3421 VIA TORCIDA Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: Title: () Delete Title: () Change () Addition POOLE, JOHN Name: Name: 12190 WELLESLEY CT Address: Address: City-St-Zip: FORT MYERS, FL 33913 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETSEY MURIN D 04/27/2004