

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07854

FILED
Apr 07, 2007
Secretary of State

Entity Name: COMMUNITY COOPERATIVE MINISTRIES, INC.

Current Principal Place of Business:

3429 DR MARTIN L KING
FORT MYERS, FL 33916 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2143
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 59-2602772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, SARAH A D
2809 SW 45TH STREET
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: GEIST, EDWARD
Address: 5783 ARVINE CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: GRADY, RICHARD
Address: 5011 MCGREGOR BLVD.
City-St-Zip: FT MYERS, FL 33901

Title: S () Delete
Name: LARSON, CHRISTINE
Address: 2255 EPHRAIM AVE
City-St-Zip: FORT MYERS, FL 33907

Title: T () Delete
Name: POOLE, JOHN
Address: 12190 WELLESLEY CT
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRANCIS, ALAN
Address: POST OFFICE BOX 60210
City-St-Zip: FORT MYERS, FL 33906

Title: VP (X) Change () Addition
Name: ELLIOTT, JERRY
Address: 1315 BELL TOWER DRIVE
City-St-Zip: FT MYERS, FL 33907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SARAH OWEN

ED

04/07/2007

Electronic Signature of Signing Officer or Director

Date