

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07854

FILED  
May 08, 2009  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: ELLIOTT, JERRY  
Address: 1315 BELL TOWER DRIVE  
City-St-Zip: FORT MYERS, FL 33907

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

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 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

CEO

05/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date